

Smile Starters Discounted Fee Application

Name of Head of Household		Place of Employment		
Street	City	State	Zip	Phone
Dental Insurance Plan		Social Security Number		

Please list spouse and dependants under age 18

	Name	Date of Birth		Name	Date of Birth
Self			Dependant		
Spouse			Dependant		
Dependant			Dependant		
Dependant			Dependant		

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social security, pension, annuity, and veteran's benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependants				
Rent, interest, dividend, and other income				
Total Income				

Verification Checklist (attach copies)

	Yes	No
Identification/Address: Driver's license, birth certificate, employment ID, social security card or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance card(s)		
Medicaid: Application made or evidence of rejection		

I certify that the information shown above is correct and understand verification is required for approval.

Name (Print)

Signature/Date

**Mail completed application to:
SS Discount Fee Program
1538-A Union Rd.
Gastonia, NC 28054**

Pay class approved: _____	Office Use Only Effective date: _____
Approved by: _____	Expiration date: _____