m@in Fee Reduction Application

Name: ____

Billing address: ____

City: ________________ County: ______________ State, Zip: ______________________________

Daytime phone: ____________________ Evening phone: ____________________________

MAIN email address: ____

Other email (if applicable): ____

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Total HOUSEHOLD income (please include child support/all state and federal assistance and miscellaneous income): $________________ per _____month / ______ year (list NET, not GROSS)

How many people total live in the household? __________ Number of children in household? __________

I _____own / _____ need a computer for Internet access.

I can afford to pay $_______________ per month for Internet access. (Suggested $5 - $12.50 per month)
(Please send money order or check for monthly payments; credit card transactions require a minimum 6-month payment. All invoicing is by email; no paper notices will be sent. Changes in payment schedule must be approved in advance or risk service disconnection.)

Reason for applying for Fee Reduction (use back of form if necessary): ____________________________

____

____

Is your current financial situation long-term or temporary? Please explain. ___________________________

____

____

Do you have any dependents (including yourself) with special expenses? (e.g., disability)

Please explain. ____

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* Note - this section is required for processing *

Recommending authority name (please print): ______________________________________

Agency affiliation: ____

Daytime Phone Number: ___________________________ Best time to call: ______________________

Signature of recommending authority: ______________________________ Date: ________________

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Applicant Signature: ____ Date: ________________

By signing above, you indicate your permission for the recommending authority to discuss your personal financial situation with us on the telephone. We will use this information only for purposes of establishing your eligibility for our Fee Reduction Program. Please contact our office at (828)255-0182 if you have questions.

If you do not have a MAIN account, you must also fill out a dial-up Internet Service Application available at http://main.nc.us/about/services/regform.pdf.

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Mail completed application to: MAIN/Accounts, 34 Wall Street, Suite 407, Asheville, NC, 28801
or fax to: (828)254-2286