

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

I. PERSONAL INFORMATION

Name		SS#		D.O.B.	
Mailing Address		City	State	Zip	Phone ()
Residence (if different from above)				Message Phone (within 48 hours) ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	Age	Relationship	Name	Age	Relationship
1)			1)		
2)			2)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
ADC				
Disability				
Food Stamps				
Other				

Employers Name (for all household members)			SUBTOTAL A	\$
Address				Phone ()

IV. ALLOWABLE MONTHLY EXPENSES

V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical and Associated Costs Of Caring for Infirm Family Members	
SUBTOTAL B	

Total Monthly Income – Total Allowable Expenses = Total Income

SUBTOTAL A	\$
- SUBTOTAL B	-\$
	\$

VI. ASSET INFORMATION

TYPE OF ASSET	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate/Home		
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motoreycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct. #)		
Savings Acct. (Bank/Acct. #)		
Credit Union (Bank/Acct. #)		

GRAND TOTAL D	\$
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