

## Financial Affidavit

Identifying Information	
Name	Date of Birth
Address	Phone
Email	Alt. Phone

People Who Are Financially Dependent on Me		
Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		

Household Income		
Employer/Source	Monthly Income	Annual (Monthly x12)
Total Annual Income:		

I Receive the Following Government Assistance for the Poor		
<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Section 8/Housing Assistance	<input type="checkbox"/> Medicaid/CHIP
<input type="checkbox"/> TANF	<input type="checkbox"/> Free/Reduced School Lunch	<input type="checkbox"/> SNAP

Hardships the Court Should Consider
Examples are homelessness, medical conditions, recent job loss, seasonal work, lack of transport, etc.

I affirm that I have completed this form truthfully and to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date