NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

CAUSE #:_____

FINANCIAL APPLICATION

1. Your Information

My full legal name is: _____
First *Middle* *Last*

My date of birth is: _____/_____/_____
Month *Day* *Year*

My address is: *(Home)* _____
Number *Street* *Apt. #* *City* *State* *Zip Code*

(Mailing) _____
Number *Street* *Apt. #* *City* *State* *Zip Code*

My primary phone #: _____ **My email:** _____

About my **dependents:** "The people who depend on me financially are listed below.

Name	*Age*	*Relationship to Me*
1		
2		
3		
4		
5		
6		
7		

.

2. Do you receive public benefits?

☐ I do not receive needs-based public benefits.

- or -

☐ I receive these **public benefits/government entitlements** that are based on indigency:
(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)
☐ Food stamps/SNAP ☐ Medicaid ☐ CHIP ☐ WIC
☐ Other:_____

3. Account balance and name of financial institution

$_____ is my *total* **account balance and I bank with**

_____**financial institution.**

4. What is your monthly income and income sources?

"I get this monthly income:

$_____in monthly wages. I work as a _____ (*Your job title*) for _____ (*Your employer*).

$_____in monthly unemployment. I have been unemployed since *(date)* _____.

$_____in public benefits per month.

$_____from other people in my household each month: (*List only if other members contribute to your household income.*)

$_____from | Retirement/Pension | Social Security | Child/spousal support | Tips, bonuses | Military Housing | Disability | ☐ Worker's Comp | Dividends, interest, royalties

☐ My spouse's income or income from another member of my household *(If available)*

$_____from other jobs/sources of income. *(Describe)* _____

$_____ is my *total* **monthly** income.

5. What are your monthly expenses?

"My **monthly expenses** are:	**Amount**
Rent/house payments/maintenance	$
Food and household supplies	$
Utilities and telephone	$
Clothing and laundry	$
Medical and dental expenses	$
Insurance (life, health, auto, etc.)	$
School and child care	$
Transportation, auto repair, gas	$
Child / spousal support	$
Wages withheld by court order	$
Debt payments paid to: *(List)*	$
_____	$
_____	$
***Total* Monthly Expenses**	**$**

6 Are there debts or other facts explaining your financial situation?

"My **debts** include: *(List debt and amount owed)* _____

_____

_____

_____

_____"

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") *Check here if you attach another page.* ☐

7. Two (2) personal contacts

(1).Name:_____ **AND**

Phone #:_____

Full Address:_____
Number Street Apt. # City State Zip Code

OR

Email:_____

(2).Name:_____ **AND**

Phone #:_____

Full Address:_____
Number Street Apt. # City State Zip Code

OR

Email:_____

8. Declaration

I declare under penalty of perjury that the foregoing is true and correct.

My name is_____ My date of birth is : ___/___ /___
First Middle Last Month/Day/Year

My address is _____
Number Street Apt. # City State Zip Code

▶_____ signed on ___/___/____ in _____ County, _____
Signature Month/Day/Year county name State

For Official Use Only	Initial	
Verified Home and Primary Contact Number		Date:
Collections Clerk:		Date: