

TYPE OF WORK: _____

If you are presently unemployed, state:

DATE OF LAST EMPLOYMENT: _____

SALARY OR WAGES PER MONTH: _____

TYPE OF WORK: _____

c. OTHER INCOME WITHIN THE PAST TWELVE MONTHS:

BUSINESS OR PROFESSION: \$ _____

OTHER SELF-EMPLOYMENT: \$ _____

INTEREST: \$ _____

DIVIDENDS: \$ _____

PENSION OR ANNUITIES: \$ _____

SOCIAL SECURITY BENEFITS: \$ _____

SUPPORT PAYMENTS: \$ _____

DISABILITY PAYMENTS: \$ _____

UNEMPLOYMENT COMPENSATION: \$ _____

WORKER'S COMPENSATION: \$ _____

PUBLIC ASSISTANCE: \$ _____

OTHER: \$ _____

d. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

HUSBAND/WIFE - NAME: _____

If your husband/wife is employed, state:

EMPLOYER: _____

SALARY OR WAGES PER MONTH: \$ _____

TYPE OF WORK: _____

CONTRIBUTIONS FROM CHILDREN: \$ _____

CONTRIBUTIONS FROM PARENTS: \$ _____

OTHER CONTRIBUTIONS: \$ _____

e. PROPERTY OWNED:

CASH: \$ _____

CHECKING ACCOUNT: \$ _____

SAVINGS ACCOUNT: \$ _____

CERTIFICATES OF DEPOSIT: \$ _____

REAL ESTATE (HOME OR LAND):

VALUE: \$ _____

HOW MUCH IS OWED: \$ _____

WHERE LOCATED: _____

TAXES (PER YEAR): \$ _____

MOTOR VEHICLE:

MAKE: _____ YEAR: _____

COST: \$ _____

AMOUNT OWED: \$ _____

STOCKS/BONDS: \$ _____

OTHER: \$ _____ DESCRIBE: _____

f. DEBTS AND OBLIGATIONS PER MONTH

MORTGAGE/RENT: \$ _____

UTILITIES:

ELECTRIC: \$ _____

WATER/SEWER: \$ _____

OIL/GAS/COAL: \$ _____

PHONE: \$ _____

TV/CABLE: \$ _____

GARBAGE: \$ _____

OTHER: \$ _____

LOANS: \$ _____

CREDIT CARDS: \$ _____

FOOD: \$ _____

NON-FOOD: \$ _____

CLOTHING: \$ _____

CHILD SUPPORT: \$ _____

CHILD CARE: \$ _____

TRANSPORTATION COSTS: \$ _____

CAR PAYMENT: \$ _____

REPAIR COSTS: \$ _____

MEDICAL BILLS: \$ _____

PRESCRIPTIONS: \$ _____

BACK TAXES: \$ _____

(Personal, Real Estate)

MISCELLANEOUS HOUSEHOLD EXPENSES: \$ _____

g. PERSONS DEPENDENT UPON YOU FOR SUPPORT

CHILDREN, IF ANY:

NAME: _____ DATE OF BIRTH: _____

OTHER PERSONS:

NAME: _____

RELATIONSHIP: _____

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

DATE: _____
Signature of Plaintiff/Defendant

