

Financial Affidavit / Petition for Consideration of Financial Obligation

PETITIONER'S NAME _____ *Please print legibly*

The person named above hereby petitions for remission, reduction or waiver of certain financial obligations for reasons shown in this document. Included, herein, please find a description of all such obligations and the reasons for which special consideration is being sought.

Respectfully submitted this _____ day of _____, 200_____

(Signature)
Petitioner

BACKGROUND INFORMATION

(Do not list real estate or automobiles here)

OBLIGATION ONE

DATE OBLIGATION INCURRED: _____ FOR: _____

ORIGINAL AMOUNT _____ AMOUNT PAID: _____ UNPAID BALANCE: _____

EXPLAIN ANY SPECIAL CIRCUMSTANCES ABOUT THIS OBLIGATION and what, if any, consideration is being sought and why.

- 1 _____
- 2 _____
- 3 _____

OBLIGATION TWO

DATE OBLIGATION INCURRED: _____ FOR: _____

ORIGINAL AMOUNT _____ AMOUNT PAID: _____ UNPAID BALANCE: _____

EXPLAIN ANY SPECIAL CIRCUMSTANCES ABOUT THIS OBLIGATION and what, if any, consideration is being sought and why.

- 1 _____
- 2 _____
- 3 _____

OBLIGATION THREE

DATE OBLIGATION INCURRED: _____ FOR: _____

ORIGINAL AMOUNT _____ AMOUNT PAID: _____ UNPAID BALANCE: _____

EXPLAIN ANY SPECIAL CIRCUMSTANCES ABOUT THIS OBLIGATION and what, if any, consideration is being sought and why.

- 1 _____
- 2 _____
- 3 _____

OBLIGATION FOUR

DATE OBLIGATION INCURRED: _____ FOR: _____

ORIGINAL AMOUNT _____ AMOUNT PAID: _____ UNPAID BALANCE: _____

EXPLAIN ANY SPECIAL CIRCUMSTANCES ABOUT THIS OBLIGATION and what, if any, consideration is being sought and why.

- 1 _____
- 2 _____
- 3 _____

I RESPECTFULLY REQUEST REMISSION OR WAIVER OF CERTAIN FINANCIAL OBLIGATION(S) SHOWN BELOW FOR THE REASONS INDICATED:

_____ TOTAL OBLIGATIONS

_____ AMOUNT PAID

_____ BALANCE

1.

2.

3.

4.

I HEREBY SUBMIT THIS FORM ALONG WITH PROPER DOCUMENTATION CONCERNING MY INCOME AND EXPENSES. I DO UNDERSTAND THAT MY REQUEST FOR CONSIDERATION IS BASED UPON MY FINANCIAL CIRCUMSTANCES WHICH MUST BE, AND I AGREE TO, DISCLOSE FOR CONSIDERATION OF THIS PETITION. I ALSO REALIZE THAT I AM REQUIRED TO SUBMIT THOSE ITEMS MARKED BELOW WITH THIS PETITION.

_____ 1. MY LAST THREE (3) PAY STUBS

_____ 5. IF DISABLED, OFFICIAL PROOF (DISABILITY AWARD LETTER)

_____ 3. PROOF OF OTHER INCOME, IF ANY

_____ 6. IF RECEIVING SOCIAL SECURITY, STATEMENT OF BENEFITS

_____ 2. COPIES OF ALL BILLS REFERENCED

_____ 4. COPY OF TAX RETURN -LAST YEAR

REQUESTER'S INITIALS: _____

Income and expense considerations are based upon support provided for the petitioner and the persons listed below:

How many legal dependents do you have? _____ Please list each dependent, their age and relationship to you.

NAME	AGE	RELATIONSHIP	LIVES WITH ME ? Circle Yes or No; if no, with whom?
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

INCOME**1. For those now employed, your current job**

Employer's name _____

Address _____

Street Address _____

City / State / Zip _____

Telephone # _____

Date Started: _____

Date Ending:
(If scheduled) _____Date of Last
Raise: _____Next
Review: _____Do you expect
a raise _____New wkly
Salary \$ _____

Position: _____

Comments _____

NUMBER OF HOURS WORKED _____ (Avg Per Wk)

\$ _____ Weekly Salary _____

2. Your previous Job:

Employer's name _____

Address _____

Street Address _____

City / State / Zip _____

Telephone # _____

Date

Date

Reason for

Started: _____

Ended: _____

Leaving: _____

Position: _____

\$ _____ Per Wk / Mo (circle one)

Number hours worked: _____ Avg Per Wk/ Mo (circle one)

Comments _____

3. Your previous Job:

Employer's name _____

Address _____

Street Address _____

City / State / Zip _____

Telephone # _____

Date

Date

Reason for

Started: _____

Ended: _____

Leaving: _____

Position: _____

\$ _____ Per (circle one) Week / Month

Number hours worked: _____ (Avg Per Wk)

Comments: _____

FOR THOSE NOW UNEMPLOYED

Highest level of education / Any special skills _____

Your last employment, when did it stop and why? _____

Why aren't you working? _____

When was the last time you ACTIVELY looked for a job? _____

Name any employment services and dates you contacted them _____

Name any job training services and dates you contacted them _____

Are you getting any assistance from any of the following? If so, please indicate the monthly amounts:

_____ AFDC	DISABILITY _____
_____ ALIMONY	CHILD SUPPORT _____
_____ UNEMPLOYMENT	WORKER'S COMPENSATION _____
_____ FOOD STAMPS	SOCIAL SECURITY _____
_____ TRUST FUND	PENSION _____
_____ INVESTMENT DIVIDENDS	OTHER INCOME _____
_____ ANY CLAIMS / SETTLEMENTS	WAGES (monthly) _____

(From all Sources shown above)

TOTAL MONTHLY INCOME: _____

MONTHLY EXPENSES: The amounts of money paid by you for each of the following:

HOUSING:

(Rent/Lease/Mortgage) _____

Person / Company to whom this is paid _____

HOUSING

UTILITIES :

Water & Sewage _____ Electric Power _____ Cable _____

Garbage Pickup _____ Telephone _____ Other Utilities _____

Gas _____

UTILITIES

AUTO EXPENSES

Car Payments _____ Car Insurance _____

Car Maintenance _____ Gasoline _____

AUTO EXPENSES

OTHER EXPENSES

Child Support _____ Food _____ Medical Insurance _____

Beeper / Pager _____ Alimony Payments _____ Cellular/ Car Phone _____

Medical Expenses _____ Loan Payments _____ Other Payments _____

Internet Service _____ Clothing _____

OTHER EXPENSES

Household Expenses _____ School _____

TOTAL EXPENSES: _____

ASSETS:

Real Estate (FMV)* _____ Net Real Estate _____ Cash (Not Savings) _____

Less Amount Owed _____ Stocks/Bonds _____ Checking Acct(s) _____

Automobile(s) (FMV)* _____ Retirement Acct(s) _____ Other Assets _____

Less Amount Owed _____ Net Auto Value _____ Other Assets _____

* FMV=Fair Market Value

Explain on Page 4

Any Inheritances, Name: _____

Lottery Winnings, Name: _____

Any Legal/Insurance Settlements, Name: _____

Any savings account, Institution: _____

Other Assets not shown above: _____

Other Assets not shown above: _____

TOTAL ASSETS: _____

