

**FINANCIAL DECLARATION - CONFIDENTIAL -**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Place and "x" next to any of the following types of assistance you receive:

<input type="checkbox"/> Welfare	<input type="checkbox"/> Poverty Related Veterans Benefits
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Temporary Assistance for Needy Families
<input type="checkbox"/> SSI	<input type="checkbox"/> Refugee Settlement Benefits
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other – Please Describe _____
<input type="checkbox"/> General Assistance	

Do you work or have a job? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, occupation: \_\_\_\_\_  
Employer's name & phone number \_\_\_\_\_Do you have a spouse or partner who lives with you? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, name: \_\_\_\_\_  
Occupation & Employers name \_\_\_\_\_Do you and/or your spouse/partner receive unemployment, Social Security, a pension, or workers compensation? \_\_\_\_\_ yes \_\_\_\_\_ no.  
If yes, please specify \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please complete all that applies:

Monthly income from work (after deductions)	\$ _____
Spouse or partner's monthly income from work (after deductions)	\$ _____
Contribution from any person living w/you	\$ _____
Interest, dividends, or other earnings	\$ _____
Other income (specify) _____	\$ _____

Do you and/or your spouse/partner have children residing with you? \_\_\_\_\_ yes \_\_\_\_\_ no. How many? \_\_\_\_\_  
Including yourself, how many people in your household do you support? \_\_\_\_\_

Do you own a home? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes: Value \_\_\_\_\_ Amount owed \_\_\_\_\_

Do you own a vehicle(s)? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, year(s) and model(s) of vehicle(s) \_\_\_\_\_  
Value of vehicle(s) \_\_\_\_\_ Amount owed on vehicle(s) \_\_\_\_\_How much money do you have in checking/savings account(s)? \_\_\_\_\_  
Stocks, bonds, or other investments? \_\_\_\_\_Other than routine living expenses such as rent, utilities, food, etc. do you have other expenses such as **child support** payments,  
**court-ordered** fines or **medical bills**, etc.? If so, describe:

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I certify under penalty of perjury under Washington State law that the above is true and correct. I give my permission for the court or designated agency to verify this information and I authorize all persons listed above to release my financial information to the Gig Harbor Municipal Court, and I agree to hold them harmless for such release. **I also agree to immediately report any change in my financial status to the court.**

Signature \_\_\_\_\_

Date \_\_\_\_\_