

FINANCIAL DECLARATION - CONFIDENTIAL -

Name _____

Address _____
(Street) (City) (State) (Zip Code)

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

_____ Welfare	_____ Poverty Related Veterans Benefits
_____ Food Stamps	_____ Temporary Assistance for Needy Families
_____ SSI	_____ Refugee Settlement Benefits
_____ Medicaid	_____ Other – Please Describe _____
_____ 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:

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 _____