

B. EMPLOYMENT:

1. PRESENT EMPLOYER: _____
2. ADDRESS: _____

3. HOURLY WAGE: _____ MONTHLY GROSS INCOME: _____
4. GROSS INCOME FROM PREVIOUS YEAR: _____
5. GROSS INCOME YEAR TO DATE: _____
6. IF YOU ARE NOT EMPLOYED, WHAT IS YOUR MEANS OF SUPPORT?
 - a. _____ UNEMPLOYMENT COMPENSATION, AMOUNT: _____
 - b. _____ SICK BENEFITS, AMOUNT: _____
 - c. _____ PENSION, AMOUNT: _____
 - d. _____ WORKMEN'S COMPENSATION, AMOUNT: _____
 - e. _____ SSI, AMOUNT: _____
 - f. _____ ADDITIONAL INCOME, AMOUNT: _____

C. ASSETS:

1. DO YOU OWN ANY STOCKS? _____, AMOUNT: _____
2. DO YOU OWN ANY BONDS? _____, AMOUNT: _____
3. DO YOU HAVE A SAVINGS ACCOUNT? _____, BALANCE: _____
4. DO YOU HAVE A CHECKING ACCOUNT? _____, BALANCE: _____

D. DO YOU OWN A VEHICLE (AUTOMOBILE, TUCK, BOAT, ETC.)? YES: ___ NO: ___

YEAR: _____ MAKE: _____ HOW MUCH DID IT COST YOU? _____
HOW MUCH DO YOU OWE ON IT? _____
WHO IS CURRENTLY IN POSSESSION OF THE VEHICLE? _____
WHO HAS POSSESSION OF THE TITLE? _____

E. DO YOU OWN ANY REAL ESTATE? YES _____ NO _____

1. ADDRESS: _____

2. ESTIMATED VALUE: _____ AMOUNT OWED: _____
3. LOAN HOLDER: _____

F. DO YOU RENT? YES _____ NO _____

1. AMOUNT: _____
2. LANDLORD: _____

G. FAMILY BACKGROUND:

1. IF MARRIED, NAME OF SPOUSE: _____ AGE: _____
2. IS YOUR SPOUSE EMPLOYED? YES: _____ NO: _____
3. PLACE OF EMPLOYMENT: _____
4. GROSS INCOME OF SPOUSE FROM PREVIOUS YEAR: _____
5. GROSS INCOME OF SPOUSE YEAR TO DATE: _____
6. DO YOU HAVE CHILDREN? YES: _____ NO: _____
 - a. NAME: _____ AGE: _____
 - b. NAME: _____ AGE: _____
 - c. NAME: _____ AGE: _____
 - d. NAME: _____ AGE: _____
 - e. NAME: _____ AGE: _____
7. DO YOU SUPPORT THESE CHILDREN? YES: _____ NO: _____

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 which provides that if I knowingly make false averments, I may be subject to criminal penalties.

Signature

Date

****PLEASE INCLUDE COPIES OF ALL RELEVANT DOCUMENTATION RELATING TO PERSONAL INCOME (i.e. W-2, PAYSTUB, ACCESS CARD, ETC.).**