



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: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

