

Address: _____

Salary or wages per month: _____

Type of Work: _____

You must attach a copy of the following documentation:

1. Your most recent Federal and State Income Tax Return.
2. Your most recent year to date pay stub for you.

If you are presently unemployed, state the following:

Date of Last Employment: _____

Salary or Wages per Month: _____

Type of Work: _____

Please attach a copy of the following documentation:

1. Letter of grant/denial of unemployment or worker's compensation **OR**
2. Statement of unemployment compensation or worker's compensation.

(c) Other income within the past twelve (12) months:

Please attach documentation for each form of income listed below that you receive.

1. Business or Profession: _____
2. Are you the beneficiary of any Trust, Annuity or Settlement: Yes No
Please explain and provide documentation: _____

- 3. Self-Employment: _____
- 4. Interest: _____
- 5. Dividends: _____
- 6. Investments: _____
- 7. Pension and/or Annuities: _____
- 8. Social Security Benefits: _____
- 9. Support Payments: _____
- 10. Disability Payments: _____
- 11. Unemployment Compensation and Supplemental Benefits: _____
- _____
- 12. Workmen's Compensation: _____
- 13. Public Assistance: _____
- 14. Contributions from Parents: _____
- 15. Contributions from Children: _____
- 16. Other: _____
- _____

(d) Please list any other adult members of your household and their income

- 1. Name: _____
 Source of Income: _____
 Amount of Income _____ Month _____ Year _____
- 2. Name: _____

Source of Income: _____

Amount of Income _____ Month _____ Year _____

(e) Property Owned

Cash: _____

Checking Account(s): _____

Savings Account(s): _____

Certificate(s) of Deposit: _____

Real Estate (including home): _____

Motor Vehicles: Make: _____ Year: _____

Cost: _____

Amount Owed: \$ _____

Make: _____ Year: _____

Cost: _____

Amount Owed: \$ _____

Stocks and Bonds: _____

Other: _____

(f) Debts and Obligations

Mortgage: _____

Rent: _____

Loan(s): _____

Other: _____

(g) Persons dependent upon you for support:

Spouse's Name: _____

Children, if any:

Name: _____ Age: _____

Other Persons:

Name: _____
Relationship: _____

6. I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the costs incurred herein.
7. I further understand that if my Petition is approved, the Order shall allow only for the waiver of the one filing fee/cost for this action. Waiver of any other costs will require the filing of another Petition and Affidavit with supporting documentation.
8. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are subject to the penalties outlined in 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

PETITIONER: _____

DATE: _____