

Address:

Phone Number:

(b.) Employment:

If you are presently employed, state:

Employer: _____

Address:

Salary or wages per month: _____

Types 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 of profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social Security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits:

Workers' compensation: _____

Public assistance: _____

Other: _____

(d.) Other contributions to household support:

Wife's/Husband's Name: _____

If your wife/husband 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 (including home):

Motor vehicle: Make: _____ Year: _____

Cost \$ _____ Amount Owed \$ _____

Stocks and bonds: _____

Other: _____

(f.) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g.) Persons dependent upon you for support

Wife's/Husband's Name: _____

Children, if any:

Name: _____ Age: _____

_____ Age: _____

_____ Age: _____

Other persons: _____

Name: _____

Relationship: _____

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances that would permit me to pay the costs incurred herein.

5. 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.

WHEREFORE, Petitioner respectfully prays that the Honorable Court allow the petitioner to proceed in forma pauperis.

Date: _____

Petitioner

Phone Number: _____