



2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- a. Business, Profession or self employment Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Income from stocks, bonds, or royalties? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Rent payments? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Pensions, annuities, or life insurance payments? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Federal or State welfare payments, Social Security or other government source? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

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3. Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Spouse's Monthly Salary, Wages or Income:

Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

4. a. List amount you contribute to your spouse's support:

\$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

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5. Do you own or are you buying a home? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile Yes \_\_\_\_\_ No \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_\_\_ No \_\_\_\_\_

8. What are your monthly expenses?

Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed On This Account</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

\_\_\_\_\_  
\_\_\_\_\_

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

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I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

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DATE

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SIGNATURE OF APPLICANT