

FINANCIAL AFFIDAVIT – SWORN STATEMENT

Your Name (First, Middle, Last)		
SSN#	Date of Birth:	Driver's License/ID #
Current Mailing Address:		
Home/Cell Telephone (CIRCLE WHICH ONE)	Email Address:	
Own Rent    Rent free  If RENT, Landlord Name _____ Telephone # _____	Marital Status (check one)  Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Are you on probation or parole? _____ YES _____ NO    Where: _____ Monthly Probation/Restitution fees: \$ _____ Probation/Parole Officer Name: _____ Telephone: _____		

**INITIAL ALL THAT APPLY.**

THE Court has advised me that I am responsible for satisfying the judgment and sentence as ordered.

\_\_\_ I assert that I am unable to pay the fine and cost immediately and that the following information is documentation that I have insufficient resources or income to pay today.

\_\_\_ I request that the Court extend the payment to a later date and grant a time payment plan.

\_\_\_ I request that I be allowed to discharge the fine and cost by performing community service, because I have no resources to pay and I am unable to pay the fine and cost. I claim indigency and request a hearing.

\_\_\_ I have been determined to be indigent by the federal government and I am receiving or I am eligible to receive assistance under a federal program. Name of Program(s) \_\_\_\_\_

<input type="checkbox"/> I AM UNEMPLOYED    How long unemployed: _____			
<input type="checkbox"/> I AM A FULL TIME STUDENT AND SUPPORTED BY – PARENT    LEGAL GUARDIAN    GRANTS    OTHER _____			
IF YOU ARE A STUDENT, THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.			
EMPLOYERS NAME		WORK TELEPHONE	
EMPLOYERS ADDRESS			
YOUR TITLE/POSITION (WKLY/MONTHLY)	FULLTIME/PART TIME	HR RATE	PAY SCHEDULE

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<b>SPOUSE NAME</b>			
Spouse's Employer Name and Address			
Spouse's Title or Position	Full Time / Part Time	Hourly Rate	Pay Schedule (weekly, biweekly, monthly)

**My Dependents:**

The people who depend on me financially are

NAME	AGE	RELATIONSHIP TO ME

**My Property/financial Assets include:**

	Account Balance
Checking	\$ _____
Savings	\$ _____
Money Market	\$ _____
Investments	\$ _____
Other	\$ _____
<b>Total Property</b>	<b>\$ _____</b>

My monthly take-home wages: \$ \_\_\_\_\_  
 The amount I receive each month in public benefits is: \$ \_\_\_\_\_  
 The amount of income from other people in my household is: \$ \_\_\_\_\_  
 The amount I receive each month from other sources is: \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME IS:** \$ \_\_\_\_\_

**My Monthly Expenses Are:**

Home Mortgage payment, rent or lot rent for trailer:	\$
Credit cards:	\$
Utilities (electricity, water, gas, cell phone):	\$
Food and sundries (toiletries):	\$
Clothing:	\$
Laundry and Cleaning:	\$
Newspaper, periodicals, & books, including school books:	\$
Medical, dental, and drug expenses:	\$
Insurance (auto, life, medical, homeowners/renters:	\$
Transportation/gas, including auto payments:	\$
Taxes not deducted from wages or included in mortgage:	\$
Alimony or support payments:	\$
Cable/Satellite/Internet:	\$
Other Loans:	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

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**PUBLIC/Government/Other INCOME:**

Retirement/Pension \$	Dividends, Interest, Royalties \$
Alimony/Child Support \$ _____	2 <sup>nd</sup> Job or other Income ( <i>describe</i> )
Other Source of Support:	

I receive these public **benefits/government entitlements** that are based on indigency:

**(Bring copies as proof)**

- WIC       TANF
- Food Stamps/SNAP \$ \_\_\_\_\_       Medicaid     CHIP     Needs-based VA Pension
- AABD     LIS in Medicare     County Assistance, County Health Care or General Assistance
- Public Housing     Social Security \$ \_\_\_\_\_       Low Income Energy Assistance
- Emergency Assistance     Child Care Assistance

**YOUR SIGNATURE FOR THE FOLLOWING STATEMENTS INDICATE THAT YOU HAVE READ EACH STATEMENT, UNDERSTAND IT AND AGREE TO IT.**

I **promise** that until my fines have been paid in full, I will notify this Court in person or by first-class mail of any changes of my address or telephone number at the following address P.O. Box 2279, Bandera Texas 78003 within 5 days of the change.

I **understand** that until my fines and court cost are paid in full I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

I **understand** that if I pay any part of the fine, cost, or restitution (if applicable) on or after the 31<sup>st</sup> day after the judgment is entered that I am responsible for paying a \$25-time payment fee (Sec. 1233.103, Local Gov't Code).

I also **understand** that cases that have an Omnibase hold (DPS to deny renewal of your driver's license) will not be lifted until all payments are made.

I **understand** that the Court **may** request documents and proof of each response that I provide herein.

I further **authorize** the City of Bandera to conduct a complete and thorough investigation of my financial statement I have provided and direct investigation of all information given.

I **understand** that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable and/or the imposition of a fine (Sec. 37.10, Penal Code)

**I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.**

Date: \_\_\_\_\_ Defendants Signature: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Judge), (Clerk)