CAPTION: _____v._____

Docket Number (if known): _____

APPLICATION TO WAIVE FEES AND COSTS

Party Name: _____

First Middle Last

Last Residence: _____

City State

Zip: _____

□ Check the box if you are currently without a house or apartment.

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI)) • Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program: _____ (name of program)

□ Yes □ No

If you answered "Yes," skip the remainder of the form and sign/date the VERIFICATION

I am providing the following information about people who live with me:

I support ____ adult children, who are incapable of self-support due to a physical or mental disability.

I support ____ children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions):

$ _____ monthly gross wages. I work as a _____ (job title/description) for _____ (name of employer).

$ _____ unemployment compensation. I have been unemployed since _____ (date). My last employer was _____ (name of employer).

$ _____ money received from other people.

$ _____ □ Retirement/Pension □ Disability □ Workers Comp

□ Social Security □ Child/Spousal support □ Other sources: _____(describe sources)

$ _____Total monthly gross income

ASSETS (Current Value):

$ _____ Cash

$ _____ Bank accounts or other financial assets

$ _____ Primary vehicle

$ _____ Other vehicles

$ _____ House

$ _____ Other real estate

$ _____ Other property: _____(describe)

$ _____ Total value of property

MONTHLY EXPENSES YOU PAY:

$ _____ Rent/mortgage payment

$ _____ Food and household supplies

$ _____ Utilities, including cell phone

$ _____ Clothing and other personal expenses

$ _____ Medical and dental expenses/insurance

$ _____ Child care

$ _____ Transportation, including car payments and repairs

$ _____ Child and spousal support or alimony

$ _____ Other expenses: _____ (describe)

$ _____ Total monthly expenses

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

_____

_____

_____

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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 Party's Signature