

INCOME

EXPENSES

Wages of household members	\$	Rent/Mortgage	\$
TANF	\$	Child Care	\$
Retirement Benefits	\$	Medical Bills	\$
Unemployment	\$	Food/Groceries	\$
Social Security	\$	Insurance/Transportation	\$
Child Support I Receive	\$	Utilities	\$
Worker's Compensation	\$	Counseling	\$
Food Stamps	\$	Other:	\$
Other:	\$	Other:	\$

Things I own are: Do not include clothing and ordinary household furnishings.)

	Description	Purchase Price	Current Value	Loan Balance
Vehicle				
Home/Real Estate				
Bank Account(s)				
Other (worth more than \$500)				

I would like to explain the following and my proof of this explanation is attached. _____

I understand that if my financial status changes in any way after submitting this application, I am obligated to notify DAS of the change and provide proof within five (5) days. Failure to do so may result in an immediate withdrawal of my assistance and that I will become financially responsible for all current and future amounts due.

I understand that approval of this application can be revoked at any time if I am not in compliance with my probation department, my counselor, and/or the Court.

I declare under the penalty of perjury that the information I provided in this application are true to the best of my knowledge. I understand that false or incomplete information may result in the rejection of this application.

I certify that I am the defendant named above.

Signature _____

Date _____

Street Address _____

Phone _____

City, State, Zip Code _____