

**CITY OF VICTORIA MUNICIPAL COURT
FINANCIAL AFFIDAVIT & CONTACT VERIFICATION**

The person signing this affidavit states under oath that the following information is true and correct.

My name is: _____ Date of Birth: _____

My complete mailing address is: _____
Address Street Apt# City State Zip

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Cell Phone Number (_____) _____ Other Contact Number (_____) _____

Personal Reference (name someone not living with you): _____ Contact Phone (____) _____

Personal Reference (name someone not living with you): _____ Contact Phone (____) _____

“I am fully competent to make this affidavit and I attest that I am unable to pay my court costs/fines/fees. The nature and amount of my income, resources, debts, and expenses are:

My Income Sources are stated below (check all that apply):

Unemployed since (date) _____ Student (FT) (PT) at _____

Source of Support: Name (person or employer) _____ Phone: _____
 Address (person or employer listed above) at _____

Child/Spousal Support My Spouse’s income or income from another member of my household

Tips / Bonuses Military Housing Worker’s Comp Disability Unemployment Social Security

Retirement/Pension Dividends, Interest, Royalties 2nd job or other income (describe) _____

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

Food Stamps/SNAP Medicaid CHIP Needs-based VA Pension AABD LIS in Medicare (“Extra Help”)

County Assistance, County Health Care or General Assistance Community Care via DADS Public Housing

Low Income Energy Assistance Emergency Assistance Child Care Assistance under Child Care Block Grant

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: \$ _____

My **TOTAL monthly income** is: \$ _____

My Dependents: The people who depend on me financially are:

Name	(Age)	Relationship to me
a. _____	()	_____
b. _____	()	_____
c. _____	()	_____
d. _____	()	_____
e. _____	()	_____

My Monthly Expenses are:

Rent/Housing Payments \$ _____

Food/Household Supplies \$ _____

Utilities/Water/Electricity \$ _____

Internet/Cable/Dish \$ _____

Home/Mobile Phone \$ _____

Vehicle Loan \$ _____

Insurance (life, home, auto) \$ _____

School/Child Care \$ _____

Child/Spousal Support \$ _____

Transportation/Gas \$ _____

Credit Cards: Visa \$ _____

MasterCard \$ _____

Other CC/ Loans _____ \$ _____

Total Monthly Expenses \$ _____

My Property/Financial Assets include:

	Account Balance
Checking	\$ _____
Savings	\$ _____
Money Market	\$ _____
Investments	\$ _____
Other	\$ _____
Total Property	\$ _____

I assert that that the statements made in this affidavit are true and correct. I understand that if I intentionally or knowingly give false information in this affidavit, I may be prosecuted for the offense of aggravated perjury, a felony punishable by imprisonment not to exceed 10 years and a fine not to exceed \$5,000.”

Defendant Signature _____

Date _____

