

Complete the questions below only if you qualify for waiver of court filing fees.

1. Name: _____
Occupation: _____ Employer: _____
Employer's address: _____
City State Zip Code

2. Spouse's name: _____
Spouse's occupation: _____ Employer: _____
Employer's address: _____
City State Zip Code

3. I am receiving: SSI ___ CalWORKS ___ Food stamps ___ County Relief, General Relief or Assistance ___

4. My social security number is: _____ My birthdate is: _____

5. My pay changes considerably from month to month _____

6. My monthly income before taxes is: \$ _____

7. Other money received each month (specify source & amount): _____

8. Number of people living in my home: _____

9. List below all people who depend on you for support or who you depend on for support:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Gross Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. My total gross monthly household income is: _____