

**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  2<sup>nd</sup> 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	\$ _____
<b>Total Property</b>	<b>\$ _____</b>

**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 \_\_\_\_\_

