

APPENDIX F: AFFIDAVIT OF INDIGENCY FORM

AFFIDAVIT OF INDIGENCY (Md. Code, Ann., General Provisions, § 4-206)

I, _____, have submitted a request for Public Records under the Public Information Act (Md. Code, Ann., Gen. Prov. §§ 4-101 –4- 601) and wish to request a waiver of any fee that would otherwise be required in order to process my request. I am unable to pay the necessary fee because I am indigent.

I respectfully submit that:

1. There are _____ family members living in my household, including myself.
(Do not include renters or temporary guests.)
2. The total gross household income (before taxes) is \$ _____ (*total income earned by all persons in the household*) per ☐ WEEK / ☐ MONTH / ☐ YEAR (check the appropriate reporting period).
3. The gross household income (before taxes) is from the following sources
(*list amounts before taxes*) ☐ WEEK / ☐ MONTH / ☐ YEAR:

☐ Wages.....	\$	
☐ Commissions/Bonuses.....	\$	
☐ Social Security/SSI	\$	
☐ Retirement Income	\$	
☐ Unemployment Insurance.....	\$	
☐ Temporary Cash Assistance.....	\$	
☐ Alimony/Spousal Support.....	\$	
☐ Rent received from tenants.....	\$	
☐ Any Other Income (Do not include food stamps/SNAP)	\$	

I affirm under the penalties of perjury that what I have said above is true to the best of my knowledge, information, and belief.

_____ Party Signature	_____ Telephone/Fax
_____ Party Name	_____ Email
_____ Address	_____ City, State, Zip
_____ Date	