

8.6. Affidavit of Indigency

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