

**INFORMATION PROVIDED UNDER OATH  
TO SUPPORT INDIGENCE APPLICATION**

1. Name \_\_\_\_\_.
2. Address \_\_\_\_\_  
\_\_\_\_\_.
3. Phone \_\_\_\_\_ (home)  
\_\_\_\_\_ (work)
4. Date of Birth \_\_\_\_\_

**INCOME AND HOUSEHOLD:**

5. Name of Current Employer \_\_\_\_\_.
6. Current Employer's Address \_\_\_\_\_  
\_\_\_\_\_.

**INCOME: Please list income you receive before deductions are made.**

- |  |           |
|--|-----------|
| 7. I am paid: <b>Weekly</b> 52X per year | \$ _____. |
| <b>Every other week</b> 26 X per year    | \$ _____. |
| <b>Twice per month</b> 24X per year      | \$ _____. |
| <b>Once each month</b> 12x per year      | \$ _____. |

My gross annual income is \$ \_\_\_\_\_.

8. If you are currently unemployed, when was your last date of employment:

\_\_\_\_\_

9. If currently unemployed, state the name and address of your former employer:

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(a) What was your compensation at your last employer? \$\_\_\_\_\_

10. Name all other sources of income that you receive including unemployment compensation, welfare payments, TANF, disability payments, etc... and the amount(s) you receive:

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11. If you are expecting to receive any other income or payments such as child support, SSI or others please explain:

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12. How many people are in your household? Please include spouses, partners, and children including the child(ren) that are the subject of this guardianship

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13. How many people in your household are under 18 years of age \_\_\_\_\_.

14. Do any of the children receive income or payments of any type – SSI, disability, child support, etc.)? State the name of each person and the amount(s) received.

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15. Name the occupation and current employer of your spouse or partner:

\_\_\_\_\_

16. Please state the monthly income (from all sources) of your spouse or partner:

\$ \_\_\_\_\_

17. Please list the amounts of your monthly expenses:

Housing: \_\_\_\_\_

Food: \_\_\_\_\_

Medical: \_\_\_\_\_

Utilities: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other: \_\_\_\_\_

Debt: \_\_\_\_\_

**PERSONAL PROPERTY:**

18. What is the make, year and model of the car you drive:

\_\_\_\_\_

How much do you owe on your car? \$ \_\_\_\_\_

The monthly or weekly payment amount is \$ \_\_\_\_\_

19. Do you own a home? \_\_\_\_\_

What is the market value of your home? \$ \_\_\_\_\_

What is your mortgage balance \$ \_\_\_\_\_

How much is your monthly payment \$ \_\_\_\_\_.

20. How much do you have in your checking and/or savings account(s)?

\_\_\_\_\_

21. If you own any valuable property or interests such as stocks, bonds, IRA's, business interests, commercial property, etc... please list them here and state the amount(s) of value:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned agrees and understands that Cobb County may seek costs and fees from you if your financial situation improves.

Sworn to this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Notary Public / Clerk, Probate Court  
My Commission Expires: \_\_\_\_\_