

# APPLICATION and AFFIDAVIT OF POVERTY

**NOTICE: THERE ARE INSTRUCTIONS, DEFINITIONS AND MORE INFORMATION ON THE REVERSE SIDE.**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_ Hourly rate: \_\_\_\_\_

I receive a gross monthly income totaling the amount of \$ \_\_\_\_\_ from:

- Wages       Social Security       Unemployment Compensation       Veteran's Benefits  
 Pension       SS Disability       Student Loans/Grants       Other:

Marital Status:       Married       Unmarried       Separated

Is your Spouse/Significant Other Employed?  Yes  No If yes, occupation: \_\_\_\_\_

Spouse's or Significant Other's Name of Employer: \_\_\_\_\_

**My household consists of myself and \_\_\_\_\_ others (list only household members - see reverse side):**

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18  Yes  No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18  Yes  No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18  Yes  No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18  Yes  No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under 18  Yes  No

The other members of my household have a gross monthly income totaling \$ \_\_\_\_\_ from:

- Wages       Social Security       Unemployment Compensation       Veteran's Benefits  
 Pension       SS Disability       Student Loans/Grants       Food Stamps  
 Relief funded under state or county public assistance       other (explain):

NOTICE: THIS APPLICATION NEEDS TO BE SIGNED ON THE REVERSE SIDE

# Federal poverty guideline, below. (Effective 1-15-2020)

Family Size	Annual	Monthly	Family Size	Annual	Monthly
1	\$12,760.00	\$1,063.33	5	\$30,680.00	\$2,556.67
2	\$17,240.00	\$1,436.67	6	\$35,160.00	\$2,930.00
3	\$21,720.00	\$1,810.00	7	\$39,640.00	\$3,303.33
4	\$26,200.00	\$2,183.33	8	\$44,120.00	\$3,676.67

## GENERAL DEFINITIONS

A member of household is defined by state and federal laws. The Internal Revenue Service (IRS) defines a member of household as a person who is related to you or lives with you for the entire year as a member of your household. The IRS explains a member of household for tax purposes as follows: "If the person is not related to you, he or she must have lived in your home as a member of your household for the entire year (except for temporary absences, such as for vacation or school).

Household income counts all the income of all residents over the age of 18 in each household, including not only all wages and salaries, but such items as unemployment insurance, disability payments, child support payments, regular rental receipts, as well as any personal business, investment, or other kinds of income received routinely.

## HOW TO APPLY FOR INDIGENCY

To apply, you must present to the court a completed Application. A completed Application means this form and financial proof, **such as a recent pay stub received within the last 30 days and not less than the first page of your most recent federal income tax returns (Form 1040 or 1040A) and, if applicable, a recent benefit letter for SSI or other benefits for yourself.** You will also need to show proof of the amount of income/benefits for all adult members of your household.

You may either mail or drop off the Application, financial proof, and evidence of vehicles with your name on the title at the Court Clerk's office, 515 W. Kimberly Avenue, Kimberly, WI 54136.

If the Court believes a hearing is necessary, you will be notified of the date.

By signing this application, under penalties of law, you are declaring that this application and all associated documents are true, correct, and complete to the best of your knowledge and belief. Providing false information to a court could subject you to being charged with obstruction of justice under city ordinance or state statute, or contempt of court or perjury.

Signature

Date

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