

**JASPER COUNTY ATTORNEY'S OFFICE
FINANCIAL AFFIDAVIT – COLLECTIONS PROGRAM**

Name (Print Clearly): _____SS# _____

Address: _____
Street Apt. # City State Zip

Phone: _____
Home Work Cell

Do you have a job? Yes No How many hours per week do you work? _____

Employer Name: _____

Employer Address: _____
Street City State Zip

How long have you worked at your present job? _____ How much do you earn monthly (gross) \$ _____

List any other source(s) of income: _____ Amount: \$ _____

Does anyone help pay monthly expenses? Yes No If so, who? _____

Number of Dependents: _____ Do you pay child support? _____ How much: \$ _____

Do you rent or own property? Rent Own What is your monthly payment? _____

Do you have bank accounts? Yes No Name of Financial Institution: _____

Do you have a vehicle? (Make, Model, YR) _____

List any assets, i.e. cash, real estate, other: _____

Total amount of monthly expenses: _____

What is the name of your vehicle insurance provider and policy number : _____

Do you have any pending criminal charges? Yes No If yes, where and what type of offense? _____

**I CERTIFY UNDER PENALTY OF PURJURY THAT THE STATEMENTS I MAKE ON THIS
FINANCIAL AFFIDAVIT ARE TRUE AND CORRECT.**

Date: _____

Signature: _____

DOB: _____

Driver's License (ID) Number: _____