28

If the answer is "no," state the date of last employment and the amount of the gross and net salary

| 1 2 | and wages per month which you received.  |                     |  |                 |                           |    |  |  |  |  |
|-----|--|---------------------|--|-----------------|---------------------------|----|--|--|--|--|
| 3   | -  |                     |  |                 |                           |    |  |  |  |  |
| 4   |  |                     |  |                 |                           | -  |  |  |  |  |
| 5   | 2.   | Have                | you received, within the past twelve (12 | ) months, any   | money from any of the     |    |  |  |  |  |
| 6   | following sources:   |                     |  |                 |                           |    |  |  |  |  |
| 7   |  | a.                  | Business, Profession or                  | Yes             | _ No                      |    |  |  |  |  |
| 8   |  |                     | self employment?                         |                 |                           |    |  |  |  |  |
| 9   |  | b.                  | Income from stocks, bonds,               | Yes             | _ No                      |    |  |  |  |  |
| 10  |  |                     | or royalties?                            |                 |                           |    |  |  |  |  |
| 11  |  | c.                  | Rent payments?                           | Yes             | _ No                      |    |  |  |  |  |
| 12  |  | d.                  | Pensions, annuities, or                  | Yes             | _ No                      |    |  |  |  |  |
| 13  |  |                     | life insurance payments?                 |                 |                           |    |  |  |  |  |
| 14  |  | e.                  | Federal or State welfare payments,       | Yes             | _ No                      |    |  |  |  |  |
| 15  |  |                     | Social Security or other govern-         |                 |                           |    |  |  |  |  |
| 16  |  |                     | ment source?                             |                 |                           |    |  |  |  |  |
| 17  | If the answer is "yes" to any of the above, describe each source of money and state the amount |                     |  |                 |                           |    |  |  |  |  |
| 18  | receiv   | received from each. |  |                 |                           |    |  |  |  |  |
| 19  |  |                     |  |                 |                           | _  |  |  |  |  |
| 20  |  |                     |  |                 |                           | _  |  |  |  |  |
| 21  | 3.   | Are y               | ou married?                              | Yes             | _ No                      |    |  |  |  |  |
| 22  | Spous  | Spouse's Full Name: |  |                 |                           |    |  |  |  |  |
| 23  | Spouse's Place of Employment:  |                     |  |                 |                           |    |  |  |  |  |
| 24  | Spouse's Monthly Salary, Wages or Income:  |                     |  |                 |                           |    |  |  |  |  |
| 25  | Gross  | Gross \$ Net \$     |  |                 |                           |    |  |  |  |  |
| 26  | 4.   | a.                  | List amount you contribute to your spo   | ouse's support: | \$                        | -  |  |  |  |  |
| 27  |  | b.                  | List the persons other than your spouse  | e who are depe  | endent upon you for suppo | rt |  |  |  |  |
| 28  |  |                     | and indicate how much you contribute     | toward their s  | upport. (NOTE: For min    | or |  |  |  |  |
| ı   | Ī  |                     |  |                 |                           |    |  |  |  |  |

|   | , list only their initials and ages   | s. DO NOT I         |   | AWIL    |  |
|---|---|---------------------|---|---------|--|
|   | , ,   |                     |   |         |  |
|   |   |                     |   |         |  |
|   | are you buying a home?  | Yes                 | No  |         |  |
| ·   | e: \$ Amount o  |                     |   | _       |  |
| 6. Do you own an  |   |                     | No  |         |  |
| Make  | Year N  | Model               |   | _       |  |
| Is it financed? Yes No If so, Total due: \$   |   |                     |   |         |  |
| Monthly Payment: \$   |   |                     |   |         |  |
| 7. Do you have a b  | oank account? Yes No _  | (Do <u>not</u>      | include account nun                                 | nbers.) |  |
| Name(s) and address(es  | s) of bank:   |                     |   |         |  |
|   |   |                     |   | _       |  |
|   |   |                     |   |         |  |
|   |   |                     |   |         |  |
| Present balance(s): \$_   |   |                     |   |         |  |
| Present balance(s): \$_Do you own any cash?   |   | \$                  |   |         |  |
| Present balance(s): \$_Do you own any cash?   | Yes No Amount:  | \$                  |   |         |  |
| Present balance(s): \$_Do you own any cash?  Do you have any other  | Yes No Amount:  | \$                  | ach asset and its estin                             |         |  |
| Present balance(s): \$_Do you own any cash?  Do you have any other  | Yes No Amount: assets? (If "yes," provide a des   | \$                  | ach asset and its estin                             |         |  |
| Present balance(s): \$_Do you own any cash?  Do you have any other market value.)  8. What are your respectively.                                       | Yes No Amount: assets? (If "yes," provide a des   | \$                  | ach asset and its estin                             |         |  |
| Present balance(s): \$ Do you own any cash? Do you have any other market value.)  8. What are your r Rent: \$   | Yes No Amount: assets? (If "yes," provide a desemble and the second se | \$scription of e    | ach asset and its estin                             | mated   |  |
| Present balance(s): \$ Do you own any cash? Do you have any other market value.)  8. What are your r Rent: \$   | Yes No Amount: assets? (If "yes," provide a des   | \$scription of e    | ach asset and its estin                             | mated   |  |
| Present balance(s): \$ Do you own any cash? Do you have any other market value.)  8. What are your r Rent: \$ Food: \$                                  | Yes No Amount: assets? (If "yes," provide a desemble and the second se | \$scription of e    | ach asset and its estin                             | mated   |  |
| Present balance(s): \$ Do you own any cash? Do you have any other market value.)  8. What are your r Rent: \$ Food: \$ Charge Accounts:                 | Yes No Amount: assets? (If "yes," provide a desemble and the second se | \$scription of each | ach asset and its esting Yes No                     | nated   |  |
| Present balance(s): \$ Do you own any cash? Do you have any other market value.)  8. What are your r Rent: \$ Food: \$ Charge Accounts: Name of Account | Yes No Amount: assets? (If "yes," provide a desemble and the second se | \$scription of each | ach asset and its esting Yes No                     | nated   |  |
| Present balance(s): \$ Do you own any cash? Do you have any other market value.)  8. What are your r Rent: \$ Food: \$ Charge Accounts: Name of Account | Yes No Amount: assets? (If "yes," provide a desemble and the second se | \$ \$ \$ \$ \$      | ach asset and its esting Yes No  Total Owed on This | Accor   |  |
| Present balance(s): \$ Do you own any cash? Do you have any other market value.)  8. What are your r Rent: \$ Food: \$ Charge Accounts: Name of Account | Yes No Amount: assets? (If "yes," provide a desemble and the second se | \$ \$ \$ \$ \$      | Yes No  | Accor   |  |

| 1  |   |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|
| 2  | 10. Does the complaint which you are seeking to file raise claims that have been presented in       |  |  |  |  |  |  |  |  |
| 3  | other lawsuits? Yes No  |  |  |  |  |  |  |  |  |
| 4  | Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in    |  |  |  |  |  |  |  |  |
| 5  | which they were filed.  |  |  |  |  |  |  |  |  |
| 6  |   |  |  |  |  |  |  |  |  |
| 7  |   |  |  |  |  |  |  |  |  |
| 8  | I declare under the penalty of perjury that the foregoing is true and correct and understand that a |  |  |  |  |  |  |  |  |
| 9  | false statement herein may result in the dismissal of my claims.                                    |  |  |  |  |  |  |  |  |
| 10 |   |  |  |  |  |  |  |  |  |
| 11 |   |  |  |  |  |  |  |  |  |
| 12 | DATE SIGNATURE OF APPLICANT   |  |  |  |  |  |  |  |  |
| 13 |   |  |  |  |  |  |  |  |  |
| 14 |   |  |  |  |  |  |  |  |  |
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| 24 |   |  |  |  |  |  |  |  |  |
| 25 |   |  |  |  |  |  |  |  |  |
| 26 |   |  |  |  |  |  |  |  |  |
| 27 |   |  |  |  |  |  |  |  |  |
| 28 |   |  |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |  |