

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 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

Party Name Email

Address Date

City, State, Zip