AFFIDAVIT OF INDIGENCY
(Annotated Code of Maryland, General Provisions Article § 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) per □ 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/Fax

___________________________________  __________________________________
Party Name                               Email

___________________________________  __________________________________
Address                                  Date

___________________________________  __________________________________
City, State, Zip