### 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.

<table>
<thead>
<tr>
<th>Party Signature</th>
<th>Telephone/Fax</th>
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<tbody>
<tr>
<td>Party Name</td>
<td>Email</td>
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<td>Address</td>
<td>Date</td>
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City, State, Zip