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