

**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