

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