

Office of Administrative Hearings
AFFIDAVIT OF INDIGENCE

(Code of Maryland Regulations 28.03.01.06B)

I, _____ (name), am requesting a hearing subpoena and ask that all required fees be waived based on the following information.

1. There are _____ family members living in my household.

(This number includes me, but *does not include any renters or temporary guests.*)

2. My household's total income *before taxes* is \$_____ per WEEK MONTH YEAR

(This is *total gross income*, and includes the *income of all persons in the household.*)

3. The total gross income shown above is received from the following sources:

- Wages..... \$ _____ per WEEK MONTH YEAR
- Commissions/Bonuses..... \$ _____ per WEEK MONTH YEAR
- Social Security/SSI..... \$ _____ per WEEK MONTH YEAR
- Retirement Income..... \$ _____ per WEEK MONTH YEAR
- Unemployment Insurance..... \$ _____ per WEEK MONTH YEAR
- Temporary Cash Assistance... \$ _____ per WEEK MONTH YEAR
- Alimony/Spousal Support..... \$ _____ per WEEK MONTH YEAR
- Rent from tenants..... \$ _____ per WEEK MONTH YEAR
- Any other income \$ _____ per WEEK MONTH YEAR

(*not including food stamps/SNAP*)

Under the penalties of perjury, I affirm that what I have said above is true to the best of my knowledge, information, and belief.

Name

Signature Date

Street Address

Email Address

City, State, Zip

Telephone/Facsimile Number