

SCHENECTADY COUNTY ASSIGNED COUNSEL PLAN PROGRAM
CLIENTS' INCOME ELIGIBILITY AFFIDAVIT

Name: _____ Soc. Sec. No. _____

Address: _____

Phone: _____ Date of Birth: _____

This year's total estimated (gross) income before taxes? \$ _____

Last year's total (gross) income before taxes? \$ _____

Are you presently receiving public assistance? YES NO

If YES, how much do you receive each month?

Are you presently working? YES ___ NO ___ Part-time ___ Full Time ___

Weekly total wages before taxes? \$ _____

If employed part-time, hourly rate \$ _____ # Hours Worked _____

Employer's Name: _____

Employer's Address: _____

If not presently working, when did you last work? _____

Where did you last work? _____

What was your weekly total (gross) salary? \$ _____

Do you have any money in the bank? YES \$ _____ NO _____

Do you have any money at home? YES \$ _____ NO _____

Do you own any real property? YES Value \$ _____ NO _____

Do you own any stocks, bonds? YES Value \$ _____ NO _____

	Amount	Frequency	Source
List <u>ALL</u> other income: _____			

Number of people in your household (add yourself): _____

Spousal Support: Pay \$ _____ Receive \$ _____ per Week? ___ Per Month? ___

Child Support: Pay \$ _____ Receive \$ _____ per Week? ___ Per Month? ___

Is such support by Court Order? YES ___ NO ___

Year, Make & Model of your vehicle(s): _____

The undersigned hereby authorizes the County of Schenectady to verify the information contained in my application and to obtain copies of any records pertaining to same.

The undersigned, as an applicant for the provision of counsel by the County of Schenectady, without charge, does hereby affirm that foregoing statements in my application are true, under the penalty of perjury.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 of the PENAL LAW.

Applicant's Name _____ (Please Print)

Applicant's Signature _____ Date: _____

Attorney:

I have verified that the above information has been checked as per Court's assignment date.

Attorney's Signature _____ Date _____