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 …… (*not including* food stamps/SNAP)	$ _____	per □ WEEK □ MONTH □ YEAR

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