AFFT

AFFIDAVIT OF FINANCIAL ABILITY

CASE NO. Case No.
DEPARTMENT Dept. No.

Plaintiff(s) Name -vs- Defendant(s) Name
(Name of Plaintiff) (Name of Defendant)

Name does hereby declare that Applicant is a party to the above matter and is required to attend the Court Education Program pursuant to EDCR 5.07; that Applicant cannot afford to pay the program fee of $30.00; and requests that the Court waive fee. (*Check and complete all information that applies*.)

1. Address:

   Address

2. How many live in the home?

   Adults #
   Children #
   Total in Family Total #

3. Applicant is: ☐ Unemployed
   ☐ Self-Employed
   ☐ Employed as: Occupation

4. Other family income:
   $ Amount Every month; Source: Source

5. Now compute the total monthly income for the whole household for an average month (after taxes deducted): $ Total Monthly Income

6. Assets:
   Savings/ Credit Union $ Amount
   Checking Account Balance $ Amoun

7. Housing: ☐ Buying: Purchase Price $ Price
   ☐ Renting: Per Month $ Rent

8. Cars: Cars

9. Other property: Describe other

10. Fixed debts:

To whom Owed	Monthly payment	Total
Name	Pmt.	Total
TOTAL:		

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this _____ day of _____, 20____.

_____
Affiant