

**SONOMA COUNTY  
CENTRAL COLLECTIONS  
APPLICATION FOR FINANCIAL EVALUATION**

CENT COLL NO. \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT**

The information you are asked to supply on this and other forms used for Financial Evaluation must be complete and accurate. This information will be used in the determination of:  Your ability to pay a debt owed to the County of Sonoma.  The amount and number of monthly installments that will be required to retire a debt owed to the County of Sonoma.  To validate your claim of indigency. After completion of this form you will be asked to verify the correctness of this information by sworn oath under penalty of perjury. If you have questions, ask for assistance.

APPLICANT (LAST)	(FIRST)	(MIDDLE)	BIRTHDATE	<input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO
OTHER NAMES YOU HAVE USED IN LAST 10 YEARS INCLUDING MAIDEN NAME						MARITAL STATUS
STREET ADDRESS			CITY	STATE	ZIP	HOME PHONE
EMPLOYMENT AND POSITION (APPLICANT)		HOW LONG?	CITY	STATE	ZIP	EMPLOYMENT PHONE
HUSBAND OR WIFE		(FIRST)	(MIDDLE)	BIRTHDATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO
EMPLOYMENT AND POSITION (HUSBAND OR WIFE)			HOW LONG?	ADDRESS		EMPLOYMENT PHONE
NAME AND ADDRESS OF FRIEND OR RELATIVE NOT LIVING WITH YOU						RELATIVE PHONE
1. MINOR CHILDREN LIVING WITH YOU — NAMES AND AGES		2.		3.		
4.		5.		6.		

BANK REFERENCE	BRANCH	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	CREDIT UNION REFERENCE	BRANCH	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
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<p><b>HOUSEHOLD EXPENSES (Monthly)</b></p> <p>SHARED WITH PERSON OTHER THAN SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HOUSE PMT. <input type="checkbox"/> RENT \$ _____</p> <p>UTILITIES \$ _____</p> <p>ELECTRICITY \$ _____</p> <p>GAS \$ _____</p> <p>WATER/SEWER \$ _____</p> <p>TELEPHONE \$ _____</p> <p>FOOD \$ _____</p> <p>AUTO FUEL \$ _____</p> <p>AUTO INSURANCE \$ _____</p> <p>CHILD CARE \$ _____</p>	<p><b>INCOME SOURCE</b></p> <p><input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME</p> <p>GROSS PAY \$ _____</p> <p>TAKE HOME PAY \$ _____</p> <p>UNEMPLOYMENT/DISABILITY \$ _____</p> <p>SOCIAL SECURITY/V.A. BENEFITS \$ _____</p> <p>RETIREMENT/OTHER \$ _____</p> <p>WELFARE \$ _____</p> <p>CHILD SUPPORT/SPOUSAL SUPPORT \$ _____</p> <p>FOOD STAMPS \$ _____</p>	<p><b>APPLICANT'S INCOME</b></p> <p><input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY</p> <p>\$ _____</p> <p><input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY</p> <p>\$ _____</p> <p><input type="checkbox"/> MONTHLY</p>	<p><b>SPOUSE'S INCOME</b></p> <p><input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY</p> <p>\$ _____</p> <p><input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY</p> <p>\$ _____</p> <p><input type="checkbox"/> MONTHLY</p>
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PLEASE LIST ALL MONTHLY PAYMENTS YOU ARE PRESENTLY PAYING				
NAME OF CREDITOR	DATE DUE	REASON FOR ACCOUNT	PRESENT BALANCE	MONTHLY PAYMENT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**WARNING: Perjury is a felony punishable by confinement in a State Prison (Penal Code Sections 17[a], 118, 126, 127 and 672).**

**I DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED FOR "APPLICATION FOR FINANCIAL EVALUATION" IS TRUE AND CORRECT.**

EXECUTED ON (DATE) \_\_\_\_\_

WITNESSED BY \_\_\_\_\_ APPLICANT \_\_\_\_\_

**AUTHORIZATION ON REVERSE SIDE MUST BE SIGNED**

	YEAR	MAKE	MODEL	FINANCED BY
AUTO				
MOTORCYCLE				
PICKUP				
BOAT				
TRAILER				
R.V.				

### AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the County of Sonoma and its duly authorized representatives to contact any employer, bank, savings and loan, credit union, creditor, insurance company, Attorney at Law or governmental agency regarding my/our financial condition; and I/we further authorize such institution, individual, partnership, corporation or agency so contacted to release any or all information requested regarding my/our assets, liabilities, policies, litigations, financial transactions and accounts.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 HUSBAND OR WIFE SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DATE

### AUTHORIZATION TO DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY

To: \_\_\_\_\_

I/we hereby authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to the Sonoma County Central Collections and its duly authorized representatives any or all information contained in my/our financial records. Said disclosable information shall include, but is not limited to, all accounts, assets, liabilities, and financial transactions maintained by said financial institution.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 HUSBAND OR WIFE SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DATE

### WARNING!!!

Article III, Section 1788, of the California State Civil Code makes it a violation of law for any recipient of consumer credit to:

Submit false or inaccurate information or willfully conceal adverse information, bearing upon his credit worthiness, credit standing, or credit capacity; or

To fail to notify this office, within a reasonable period of time, of any change in name, address, or employment.