



APPLICATION FOR FINANCIAL EVALUATION

Humboldt County Probation Department
2002 Harrison Avenue
Eureka, CA 95501

Phone: (707) 445-7401 FAX: (707)443-7139

INSTRUCTIONS TO APPLICANT

The information you are asked to supply on this form must be complete and accurate. This information will be used to determine your ability to pay a debt owed to the County of Humboldt, the amount and payment schedule required, or to process a claim of indigence.

NAME: (LAST)	(FIRST)	(MIDDLE)	DOB:	SEX:	SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER:
OTHER NAMES YOU HAVE USED IN THE LAST 10 YEARS (INCLUDING MAIDEN NAME(S)):						MARITAL STATUS:
STREET ADDRESS (INCLUDE CITY, STATE AND ZIP):						HOME PHONE:
APPLICANT EMPLOYMENT AND POSITION:			HOW LONG?:	ADDRESS:		EMPLOYMENT PHONE:
SPOUSE NAME: (LAST)			(FIRST) (MIDDLE)		DOB:	SOCIAL SECURITY NUMBER:
SPOUSE EMPLOYMENT AND POSITION:			HOW LONG?:	ADDRESS:		EMPLOYMENT PHONE:
NAME AND ADDRESS OF FRIEND OR RELATIVE NOT LIVING WITH YOU:						PHONE:
MINOR CHILDREN LIVING WITH YOU (NAMES AND AGES)						
1. _____			3. _____			
2. _____			4. _____			

CASH ON HAND: \$ _____

BANK / CREDIT UNION ACCOUNTS

<input type="checkbox"/> CHECKING _____ BALANCE: \$ _____	<input type="checkbox"/> CHECKING _____ BALANCE: \$ _____
<input type="checkbox"/> SAVINGS _____ BALANCE: \$ _____	<input type="checkbox"/> SAVINGS _____ BALANCE: \$ _____
<input type="checkbox"/> LOAN _____ BALANCE: \$ _____	<input type="checkbox"/> LOAN _____ BALANCE: \$ _____

HOUSEHOLD EXPENSES (MONTHLY)	INCOME SOURCE	APPLICANT'S INCOME	SPOUSE'S INCOME
SHARED WITH PERSON OTHER THAN SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING \$ _____ CHILD / SPOUSAL SUPPORT \$ _____ UTILITIES \$ _____ FOOD / CLOTHING \$ _____ TRANSPORTATION / AUTO EXPENSE \$ _____ INSURANCE \$ _____ FINES / RESTITUTION \$ _____ MEDICAL / DENTAL \$ _____ CHILD CARE \$ _____ OTHER \$ _____	GROSS PAY TAKE HOME PAY WORKER'S COMPENSATION UNEMPLOYMENT / DISABILITY SOCIAL SECURITY / V.A. BENEFITS RETIREMENT / OTHER WELFARE / FOOD STAMPS / ETC. CHILD SUPPORT / SPOUSAL SUPPORT OTHER INCOME	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____ <input type="checkbox"/> MONTHLY \$ _____

Applicant's Name: _____

PLEASE LIST ALL OTHER MONTHLY PAYMENTS				
LOAN PAYMENTS / NAME OF CREDITOR	DUE DATE	REASON FOR ACCOUNT	PRESENT BALANCE	MONTHLY PAYMENT
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

VEHICLE(S)	YEAR	MAKE	MODEL	FINANCED BY
AUTO / PICK UP				
MOTORCYCLE				
BOAT / RV / TRAILER				

PROPERTY / OTHER ASSETS	DESCRIPTION	FINANCED BY
REAL PROPERTY		
PERSONAL PROPERTY		
ASSETS		

**AUTHORIZATION TO RELEASE INFORMATION / DISCLOSE
FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY**

I/we hereby authorize the County of Humboldt 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. I/we hereby authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to Humboldt County 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. You may be required to provide your three (3) most recent pay stubs or your most recent tax return.

WARNING: Perjury is a felony punishable by confinement in a state prison (Penal Code Sections 17(a), 118, 127 and 672.)

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

X_____ Applicant's Signature

X_____ Spouse's 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/her credit worthiness, credit standing, or credit capacity; or fail to notify this office, within a reasonable period of time, of any change in name, address, or employment.
- ◆ You may be required to reimburse the County of Humboldt for the services provided as ordered by the court.

X_____ Applicant's Initials

X_____ Spouse's Initials