

**FINANCIAL AFFIDAVIT:
PAYMENT PLAN APPLICATION**

WV Code § 50-3-2a & §62-4-17

A. Information for the Applicant:

In order to enter into a payment plan agreement with this court, to pay in full all outstanding balances you may owe, you must enroll in the clerk's office payment plan and pay an administrative fee of \$25.00. Additionally:

1. You must complete the affidavit for the court to determine the amount and number of your monthly payments as mandated by W.Va. Code § 50-3-2a & §62-4-17.
2. You may be required to file a separate affidavit and application anytime your financial situation changes.
3. The information you give in this form will be confidential.
4. Except for signatures, all information must be clearly printed.

APPLICATION INFORMATION

Applicant Information:

Applicant(s) Name (<i>First/Middle/Last</i>)	Social Security No. _____ - _____ - _____
Street Address	Date of Birth: ____ / ____ / ____
City, State, Zip Code	Phone Number: (____) ____ - ____
	Drivers License # _____

1. What is the total number of dependents, including yourself? _____
(*Include only those persons listed on your U.S. Income tax return.*)
2. Are you married? Yes No Does your Spouse work? Yes No
Spouse's Yearly Income : _____

NET INCOME:

3. Current **monthly** net (take-home) income from **all** sources:

(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

Employer:	\$	Second Job:	\$	Self-Employment:	\$
Public Assistance:	\$	Food Stamps:	\$	Unemployment:	\$
Benefits:	\$	Disability Benefits:	\$	Social Security/SSI:	\$
Alimony:	\$	Pensions:	\$	Rental Income:	\$
Interest:	\$	Dividends:	\$	Annuities:	\$
Odd Jobs:	\$	Other:	\$	(specify):	
TOTAL:	\$				

EXPENSES:

4. Regular **monthly** household debt-payment and other expenses:

Mortgage/Rent:	\$	Car Payment:	\$	Loan Payments:	\$
Credit Card Payments:	\$	Other Debt Payments:	\$	Utilities:	\$
Cell Phone:	\$	Food:	\$	Child Care:	\$
Child Support:	\$	Alimony:	\$	Medical Bills:	\$
Other Expenses:	\$	(specify):			

What is the total amount of these monthly expenses? \$ _____

ASSETS:

5. List the value of any individually or jointly owned assets.

Cash:	\$	Savings Account:	\$	Boats/ATVs	\$
Bank Accounts:	\$	Stocks/Bonds:	\$	Tax Refund Due:	\$
Certificate of Deposits	\$	Real Estate::	\$	Money Owed you:	\$
Money Market Accts.	\$	Vehicle/s:	\$	Medical Bills:	\$
Other Assets::	\$	(specify):			

What is the total amount of these assets? \$ _____

By signing my name on this form, I swear to or affirm the completeness and truthfulness, to the best of my ability and knowledge, of the information I have provided.

Signature of Applicant: _____ Date: _____

Taken, subscribed, and sworn or affirmed before me, by the person whose signature appears above, on this _____ day of _____, 20_____, in _____ County, West Virginia.

Signature of Notary (Clerk): _____