APPLICATION and AFFIDAVIT OF POVERTY 2025

NOTICE: THERE ARE INSTRUCTIONS, DEFINITIONS AND MORE INFORMATION ON THE REVERSE SIDE.

Date: _____

First Name: _____ MI: ____ Last Name: _____

Home Street Address: _____

City, State, Zip: _____Phone:_____

Name of Employer: _____ Phone: _____

Employer Address: _____

Occupation: _____

Average Number of Hours Worked Per Week: _____ Hourly rate: _____

I receive a gross monthly income totaling the amount of $_____ from:

☐ Wages ☐ Social Security ☐ Unemployment Compensation ☐ Veteran's Benefits

☐ Pension ☐ SS Disability ☐ Student Loans/Grants ☐ Other:

Marital Status: ☐ Married ☐ Unmarried ☐ Separated

Is your Spouse/Significant Other Employed? ☐ Yes ☐ No If yes, occupation: _____

Spouse's or Significant Other's Name of Employer: _____

My household consists of myself and _____ others (list only household members - see reverse side):

Full name: _____ Relationship to me:_____ Under 18 ☐ Yes ☐ No

Full name: _____ Relationship to me:_____ Under 18 ☐ Yes ☐ No

Full name: _____ Relationship to me:_____ Under 18 ☐ Yes ☐ No

Full name: _____ Relationship to me:_____ Under 18 ☐ Yes ☐ No

Full name: _____ Relationship to me:_____ Under 18 ☐ Yes ☐ No

The other members of my household have a gross monthly income totaling $_____ from:

☐ Wages ☐ Social Security ☐ Unemployment Compensation ☐ Veteran's Benefits

☐ Pension ☐ SS Disability ☐ Student Loans/Grants ☐ Food Stamps

☐ Relief funded under state or county public assistance ☐ other (explain):

NOTICE: THIS APPLICATION NEEDS TO BE SIGNED ON THE REVERSE SIDE

Federal poverty guideline, below. (Effective 2025)

Family Size	Annual	Monthly
1	$15,650.00	$1,304.17
2	$21,150.00	$1,762.50
3	$26,650.00	$2,220.83
4	$32,150.00	$2,679.17

Family Size	Annual	Monthly
5	$37,650.00	$3,137.50
6	$43,150.00	$3,595.83
7	$48,650.00	$4,054.17
8	$54,150.00	$4,512.50

GENERAL DEFINITIONS

A member of household is defined by state and federal laws. The Internal Revenue Service (IRS) defines a member of household as a person who is related to you or lives with you for the entire year as a member of your household. The IRS explains a member of household for tax purposes as follows: "If the person is not related to you, he or she must have lived in your home as a member of your household for the entire year (except for temporary absences, such as for vacation or school).

Household income counts all the income of all residents over the age of 18 in each household, including not only all wages and salaries, but such items as unemployment insurance, disability payments, child support payments, regular rental receipts, as well as any personal business, investment, or other kinds of income received routinely.

HOW TO APPLY FOR INDIGENCY

To apply, you must present to the court a completed Application. A completed Application means this form and financial proof, such as a recent pay stub received within the last 30 days and not less than the first page of your most recent federal income tax returns (Form 1040 or 1040A) and, if applicable, a recent benefit letter for SSI or other benefits for yourself. You will also need to show proof of the amount of income/benefits for all adult members of your household.

You may either mail or drop off the Application, financial proof, and evidence of vehicles with your name on the title at the Court Clerk's office, 515 W. Kimberly Avenue, Kimberly, WI 54136.

If the Court believes a hearing is necessary, you will be notified of the date.

By signing this application, under penalties of law, you are declaring that this application and all associated documents are true, correct, and complete to the best of your knowledge and belief. Providing false information to a court could subject you to being charged with obstruction of justice under city ordinance or state statute, or contempt of court or perjury.

Signature Date