

**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	
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"/> 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"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
<input type="checkbox"/> HOUSE PMT. <input type="checkbox"/> RENT		GROSS PAY		\$ _____		\$ _____
UTILITIES	\$ _____	TAKE HOME PAY		\$ _____		\$ _____
ELECTRICITY	\$ _____	UNEMPLOYMENT/DISABILITY		<input type="checkbox"/> MONTHLY		\$ _____ <input type="checkbox"/> MONTHLY
GAS	\$ _____	SOCIAL SECURITY/VA. BENEFITS		<input type="checkbox"/> MONTHLY		\$ _____ <input type="checkbox"/> MONTHLY
WATER/SEWER	\$ _____	RETIREMENT/OTHER		<input type="checkbox"/> MONTHLY		\$ _____ <input type="checkbox"/> MONTHLY
TELEPHONE	\$ _____	WELFARE		<input type="checkbox"/> MONTHLY		\$ _____ <input type="checkbox"/> MONTHLY
FOOD	\$ _____	CHILD SUPPORT/SPOUSAL SUPPORT		<input type="checkbox"/> MONTHLY		\$ _____ <input type="checkbox"/> MONTHLY
AUTO FUEL	\$ _____	FOOD STAMPS		<input type="checkbox"/> MONTHLY		\$ _____ <input type="checkbox"/> MONTHLY
AUTO INSURANCE	\$ _____					
CHILD CARE	\$ _____					
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

TNI _____ TAE _____ NDI _____

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

AUTHORIZATION TO RELEASE AND DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY

I/we hereby authorize the County of Sonoma ("County") and its duly authorized agents and representatives to contact any employer, bank, savings and loan, credit union, creditor, insurance company, Attorney at Law, consumer reporting agency, governmental agency or the like ("Third Parties") regarding my/our financial condition; and I/we further authorize such Third Party so contacted to release any or all information requested regarding my/our assets, liabilities, polices, credit, litigations, financial transactions and accounts, including, but not limited to consumer reports, and agree to defend, indemnify and hold harmless County and Third Parties from any liability in obtaining such information.

 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.