





COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF LABOR
ADMINISTRATIVE HEARING OFFICE

In the Matter of: Labor Case No.
Complainant,
v.
Respondent.
AFFIDAVIT OF FINANCIAL STATUS

1. CONTACT INFORMATION

Full Legal Name:
Any other Names Used:
Mailing Address:
Phone Number(s):
Email Address:

2. BASIS FOR WAIVER (Select a, b, or c)

- (a) I received the following assistance (check all that apply):
NAP (Nutrition Assistance Program or "Food Stamps")
SSI (Supplemental Security Income or "Social Security")
Section 8 Housing
LIHEAP (Low-Income Home Energy Assistance Program)
MLSC (Micronesia Legal Service Corporation Representation)
Medicaid
Pell Grant
Other "means tested benefit"

If you checked section 2(a) above, you do not need to answer any more questions and may skip to Section 8 Declaration. Otherwise you must answer the rest of the questions on this form. If additional information is required, you will be notified.

- (b)  My total gross monthly income of all household members is at or less than 125% of the applicable US poverty standard (see table below).

Household Size	House Income	Household Income Adjusted at 25%
1	\$1,155	\$1,443
2	\$1,556	\$1,945
3	\$1,975	\$2,446
4	\$2,358	\$2,948
5	\$2,758	\$3,448
6	\$3,159	\$3,949

*If there are more than 6 people at home, add \$401 for each extra person.*

- (c)  I am facing an economic hardship and do not have enough income to pay my household's basic needs *and* the court fees.

### 3. GROSS MONTHLY INCOME & AVAILABLE CASH

List all sources of income below. Upon request, you must attach income documentation.

- (a) Are you currently employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

- (b) If employed, provide the following information:

Name of Employer: \_\_\_\_\_

Job Title or Description: \_\_\_\_\_

Monthly Gross Income (including overtime pay, commission, and tips): \_\_\_\_\_

- (d) If unemployed, provide the following information:

Name of Employer/Source of Income: \_\_\_\_\_

Date of last employment: \_\_\_\_\_

Amount earned: \_\_\_\_\_

- (e) Describe any sporadic sources of income, including odds jobs, seasonal, temporary or contract work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (f) List the source and amount of *any* income you receive, including but not limited to: spousal/child support, pension and retirement, social security, disability, military basic allowance for housing and subsistence, veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, judgments, etc.

Source(s) of Income	Amount
	\$
	\$
	\$
	\$
Total	\$

- (g) Do you have any money in savings or checking accounts?

Bank Name/Account	Amount
	\$
	\$
	\$
Total	

- (h) Do you have any cash on hand? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, state total amount: \$ \_\_\_\_\_

#### 4. HOUSEHOLD INCOME

List all members of your household by name, age, relationship, occupation and gross monthly income. In calculating income, you must include all sources of income (i.e., wage earnings, rents, self-employment income, investments income, property, etc.).

Upon request, you must attach the most recent paystubs, BGRts, tax returns, or other documents of income for each household member.

(a) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Source(s) of Income	Amount
	\$
	\$
	\$
Total	\$

(b) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Source(s) of Income	Amount
	\$
	\$
	\$
Total	\$

(c) Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Source(s) of Income	Amount
	\$
	\$
	\$
Total	\$

**5. PROPERTY**

The following properties are exempted from consideration: the primary family home and lot, household furniture, one automobile, furnishings, and appliances.

- (a) Aside from the above-mentioned exempted properties, do you own another car, boat, or any other type of vehicle? If so, describe the make/model, year, fair market value, and any amount owed on said property.

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- (b) Aside from your primary family home, do you own real property/real estate? If so, indicate address, title-owner, estimated fair market value, income from property, if any, and any amount owed for said property.

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**6. MONTHLY DEDUCTIONS AND EXPENSES**

Type of Deduction or Expenses	Monthly Amount
Payroll deductions or wages withheld by Court Order	\$
Residence (i.e., rent, taxes, insurance, maintenance)	\$
Food and Household Supplies	\$
Transportation Expenses (i.e., car payments, gas, repair)	\$
School or Education Expenses	\$
Other Expenses	\$
Total	\$

**7. OTHER SPECIAL CIRCUMSTANCES**

Explain any other special circumstances that you want to have considered in support of your request.

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**8. DECLARATION**

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct and that this declaration is executed at [  ] Saipan [  ] Tinian [  ] Rota, on this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

In addition, by my signature below, I hereby agree to mail available to the Department of Labor any and all documents within my possession, or within the possession of the Department of Revenue and Taxation, relating to my financial status.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

<b>For Office Use Only</b>	
This request is:    [ <input type="checkbox"/> ] Granted                      [ <input type="checkbox"/> ] Denied	
_____	_____
Administrative Hearing Officer	Date