

FINANCIAL DECLARATION  
 For Applicants Requesting Waiver of Sealing Fee  
 For Sealing of Juvenile Traffic & Court Records in  
San Mateo County, California

PLEASE PRINT

1. Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_

INCOME DECLARATION

2. Marital Status: \_\_\_\_\_ Single/Divorced/Legally Separated  
 (Check One) \_\_\_\_\_ Married/Head of Household/Widow(er) with Dependent Child  
 \_\_\_\_\_ Full-Time Student Living in Parental Home\*

3. Number of Dependents Living with You: \_\_\_\_\_

<u>Gross Monthly Income</u>	<u>Applicant</u>	<u>Spouse</u>	<u>Deductions</u>	<u>Applicant</u>	<u>Spouse</u>
1. Salary/wages (include commissions, bonuses and overtime.)	\$ .....	\$ .....	12. State inc. taxes	\$ .....	\$ .....
2. Pension and retirement	\$ .....	\$ .....	13. Fed. inc. taxes	\$ .....	\$ .....
3. Social Security	\$ .....	\$ .....	14. Social Security Insurance	\$ .....	\$ .....
4. Disability/unemp. benefits	\$ .....	\$ .....	15. State Disability Insurance	\$ .....	\$ .....
5. Public assistance (Welfare, AFDC payment, etc.)	\$ .....	\$ .....	16. Medical/other insurance	\$ .....	\$ .....
6. Child/spousal Support	\$ .....	\$ .....	17. Union and other dues	\$ .....	\$ .....
7. Dividends and Interest	\$ .....	\$ .....	18. Retirement and pension fund	\$ .....	\$ .....
8. Rents (gross receipts, less cash exp.; attach schedule)			19. Savings plan	\$ .....	\$ .....
9. Contributions to	\$ .....	\$ .....	20. Other deductions (specify)	\$ .....	\$ .....
from other sources	\$ .....	\$ .....	21. TOTAL DEDUCTIONS	\$ .....	\$ .....
10. Income from all other sources (gross receipts, trust fund allotments, etc.)	\$ .....	\$ .....	<hr/>		
			11. TOTAL GROSS MTHLY NCOME (LINE 11)	\$ .....	\$ .....
			21. DEDUCTIONS (Line 21)	\$ .....	\$ .....
			22. NET MONTHLY INCOME (Line 11 minus Line 21)	\$ .....	\$ .....
11. TOTAL GROSS MTHLY INCOME	\$ .....	\$ .....	<hr/>		

\* If student is living in parental home, report full family income and number of dependents.

**Attach a copy of your most recent Federal (Form 1040, 1040A, 1040EZ, 1040 NR) or State (Form 540, 540A, 540 NR) income tax return to this document.** Applicants receiving AFDC, OASDI, and General Relief of SSI assistance may attach a copy of the current statement of program eligibility and benefits in place of income tax return.) **This Declaration must be signed.**

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct and that this declaration is executed at \_\_\_\_\_, California on \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant