



FINANCIAL DISCLOSURE FORM

You must financially qualify for assistance from the Program, which means you have been granted a waiver of the Court's \$50 filing fee or that you and your dependents live at no more than two times the poverty level with your current employment income.

INSTRUCTIONS

If you want to be considered for representation under The Veterans Consortium Pro Bono Program, you must complete and sign this form and send, with the Engagement Agreement and Demographic Info to:

The Veterans Consortium Pro Bono Program, 701 Pennsylvania Avenue, NW, Suite 131, Washington, DC 20004

Do not send this form to the court.

1. Have you been granted a waiver for the Court's \$50 filing fee? **Yes** **No**
 - If **YES**, please sign and submit this form.

2. If **NO**, please complete the below information regarding your income from salary and wages from employment only. *We do not need to know the value of your assets or the amount of any disability, welfare, pension, social security, or other federal, state, or local benefits you receive. They are not considered in determining your financial eligibility.*
 - a. Are you now employed? **Yes** **No**
 - i. If the answer is **YES**:
 - Gross amount of your monthly salary or wages: \$_____ monthly.
 - Name of Employer: _____
 - ii. If the answer is **NO**:
 - Date of Last Employment: _____
 - If your last employment was less than a year ago, your monthly salary at that job: \$_____
 - b. List the name, age and relationship of each member of your family who resides with you or for whom you provide support. *Please use the reverse side of the form if you need more space.*

Name of Dependent	Relationship	Age

I state under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date

Signature

Printed Name

Six Digit Court of Appeals Docket Number