

Applicant Indigency Verification Instructions

The court must determine your indigency eligibility status prior to accepting your filing(s). **Please read the instructions below carefully and present the following information during the verification process:**

- You will be required to provide **proof of identification** for **you** and your **dependents**.
- You will be required to provide **proof of employment and income**.
- If you receive any form of public assistance such as food assistance, medical and/or cash benefits, a resident of Cuyahoga Metropolitan Housing Authority (CMHA), you will be required to provide **proof of public assistance**. A benefits eligibility printout is acceptable. You may receive a copy of the benefits eligibility printout from Jobs and Family Services located at Quincy Place, 8111 Quincy Avenue, Cleveland, Ohio 44106.
- If it is determined that you are "**Not Indigent**", appropriate filing fees must be paid prior to accepting your filing(s) at the Clerk's Office, 2nd Floor. If you have any questions, please call 216-443-3753 or 216-698-6559.

Acceptable Documentation

Proof of Identification:

Must provide **one** of the following for **you** and your **dependents**

- Driver's license or State ID
- Birth Certificate (Children under 18)
- Employee Identification card (with picture)
- School Identification card (with picture)
- Unexpired Immigration documentation for all
Applicable household members
- Resident alien cards, Visas and or Passports



Proof of Employment and Income (within the past 6 months):

Must provide **one** applicable sources of income

- Two most recent payroll check stubs
- Employment Verification form
- Workers Compensation - Benefit Letter
- Employer Statement of earnings on
letterhead
- Court Orders/checks for Child Support/
Alimony
- Unemployment award letter/check stubs
- Entire 1040 Tax Return Form & Schedule C
- Active bank account checking/savings

OR

Provisional Requirements: Must provide one of the following:

- TANF
- SNAP/EBT Award Letter
- Medicaid/Award Letter
- Resident of CMHA Public Housing
- Current award letter/copies of checks: SSI, RSDI, VA, Soc. Sec., TANF

2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

The Indigency Program applies to individuals living at or below 187.5% of the federal poverty level.

SIZE OF FAMILY UNIT	POVERTY GUIDELINES
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For families/households with more than 8 persons, add \$4,420 for each additional person.	

Example:

If a parent states that he/she has two (2) dependents, the family size will include the parent; therefore, you will check the chart above under "Size of Family Unit" for 3 persons which is \$21,330.00. The parent must prove that his/her income is less than or equal to \$21,330.00.

Prior Indigency verification less than 1 year can be utilized.

POVERTY AFFIDAVIT

I am requesting the Court waive my: Filing Fees Other: _____

I. PERSONAL INFORMATION

Applicant's Name	D.O.B.
Address	
Case Number (If Known)	Phone Number

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	D.O.B.	Relationship	Name 2)	D.O.B.	Relationship
Name 3)	D.O.B.	Relationship	Name 4)	D.O.B.	Relationship

III. INCOME AND EMPLOYER

	Applicant	Spouse	Total Income
Gross Monthly Employment Income			\$
Unemployment, Worker's Compensation, Child Support, Social Security, Other Types of Income			\$
Employer's Name			Total Income \$
Employer's Address		Employer's Phone Number	

IV. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, and/or Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

V. MONTHLY EXPENSES

<input type="checkbox"/> I Rent My Home	Monthly Payment: \$	<input type="checkbox"/> I Own My Home	Monthly Payment: \$
			Value of Home: \$
Vehicle 1		Vehicle 2	
Year, Make, and Model	"Blue Book" Value: \$	Year, Make, and Model	"Blue Book" Value: \$
Monthly Payment: \$	Loan Balance: \$	Monthly Payment: \$	Loan Balance: \$

VI. AFFIDAVIT

I HEREBY REPRESENT UNDER OATH THAT THE ABOVE INFORMATION CONCERNING MY FINANCIAL CONDITIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Affiant's Signature

Sworn to before me this _____ day of _____, 20_____.

Notary Signature

Title

OFFICE USE ONLY

I hereby certify that the above noted applicant has submitted documentation to verify status of indigency.

Indigent Not Indigent

Signature of Verifier

Date