(Updated 4/25/05)
(Non-prisoner form)

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE

v.) NO._____

APPLICATION TO PROCEED IN FORMA PAUPERIS WITH SUPPORTING DOCUMENTATION

YOUR EMPLOYMENT AND INCOME DATA

1. NAME: (First Middle Last)

2. YEAR OF BIRTH:

3. LAST 4 DIGITS OF SOCIAL SECURITY NO.:

4. PHONE NUMBER:

5. HOME ADDRESS: (City/State Only)

CITY: _____

STATE: _____ ZIP CODE: _____

6. HOW LONG AT CURRENT ADDRESS? _____

7. OWN OR RENT? _____

8. CURRENT EMPLOYER: _____

STREET: _____

APT. NO.: _____

CITY: _____

STATE: _____ ZIP CODE: _____

9. TELEPHONE NO.: _____

10. HOW LONG AT CURRENT EMPLOYMENT? _____

11. OCCUPATION (Describe what you do)

12. IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT: HOW MUCH DID YOU EARN PER MONTH? _____

13. CURRENT MONTHLY INCOME

Salary or Wages	$
Commissions	$
All Other Sources (Pensions, Soc. Sec., Rent, Interest, Dividends, Alimony, etc.):	$
TOTAL	$

SPOUSE'S EMPLOYMENT AND INCOME DATA

1. NAME: (First Middle Last)

2. YEAR OF BIRTH:

3. LAST 4 DIGITS OF SOCIAL SECURITY NO.:

4. PHONE NUMBER:

5. HOME ADDRESS: (if different from yours) (City/State Only)

CITY: _____

STATE: _____ ZIP CODE: _____

6. HOW LONG AT CURRENT ADDRESS? _____

7. CURRENT EMPLOYER: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

8. TELEPHONE NO.: _____

9. HOW LONG AT CURRENT EMPLOYMENT? _____

10. OCCUPATION (Describe what spouse does)

_____

_____

_____

11. SPOUSE'S CURRENT MONTHLY INCOME

Salary or Wages	$
Commissions	$
All Other Sources (Pensions, Soc. Sec., Rent, Interest, Dividends, Alimony, etc.):	$
TOTAL	$

DEPENDENTS AND INCOME (if any)

Initials of Dependents: (do not provide full name)	Age:	Relationship:	Living With Whom?

TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING CHILD SUPPORT PAYMENTS (exclude spouse) $_____

TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE, AND DEPENDENTS **$**_____

ASSETS:

(IN COMPLIANCE WITH PRIVACY POLICIES-DO NOT INCLUDE FULL FINANCIAL ACCOUNT NUMBERS IN YOUR RESPONSES-PROVIDE INFORMATION REQUESTED ONLY)

CASH $_____

CHECKING ACCOUNTS--TOTAL BALANCE (List Banks Below) $_____

_____

_____

_____

SAVINGS ACCOUNTS--TOTAL BALANCE (List Banks Below) $_____

_____

_____

STOCKS AND BONDS $_____

REAL ESTATE--CURRENT FAIR MARKET VALUE
(List Locations Below)

_____ $_____

_____ $_____

_____ $_____

TOTAL REAL ESTATE $_____

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

_____ $_____

_____ $_____

_____ $_____

_____ $_____

TOTAL PERSONAL PROPERTY $_____

MOTOR VEHICLES

Year/Make	License No.	Current Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

TOTAL VALUE OF MOTOR VEHICLES $_____

DEBTS OWED TO YOU (Give Name of Debtor)

_____ $_____

_____ $_____

TOTAL DEBTS OWED TO YOU $_____

OTHER ASSETS (ITEMIZE)

_____ $_____

_____ $_____

_____ $_____

TOTAL OTHER ASSETS $_____

TOTAL ASSETS $_____

LIABILITIES:

NOTES (LOANS) PAYABLE TO BANKS (List Banks and Amount of Loans)

_____ $_____

_____ $_____

_____ $_____

TOTAL LOANS PAYABLE TO BANKS $_____

NOTES (LOANS) PAYABLE TO OTHERS $_____

MORTGAGES PAYABLE ON REAL ESTATE $_____

CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS $_____

MEDICAL BILLS $_____

TAXES AND ASSESSMENTS PAYABLE $_____

OTHER LIABILITIES (Itemize)

_____ $_____

_____ $_____

_____ $_____

TOTAL LIABILITIES $_____

LIVING EXPENSES:

	Monthly Payment	*Balance Owing*
RENT or MORTGAGE PAYMENT (Indicate Which)	$_____	$_____
UTILITIES		
a. Electricity	$_____	$_____
b. Water	$_____	$_____
c. Gas	$_____	$_____
d. Telephone	$_____	$_____
e. Other	$_____	$_____
FOOD	$_____	$_____
ALIMONY	$_____	$_____
CHILD SUPPORT	$_____	$_____
CHILD CARE	$_____	$_____
SCHOOL EXPENSES	$_____	$_____
AUTOMOBILE NOTE	$_____	$_____
AUTOMOBILE INSURANCE	$_____	$_____
AUTOMOBILE REPAIRS	$_____	$_____
GASOLINE	$_____	$_____
FURNITURE NOTE	$_____	$_____
CLOTHING	$_____	$_____
CABLE TELEVISION	$_____	$_____
LIFE INSURANCE	$_____	$_____
HOSPITALIZATION INSURANCE	$_____	$_____
DOCTORS	$_____	$_____
DRUGS	$_____	$_____
CREDIT CARDS (LIST/MONTHLY PAYMENTS)		
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
OTHER CHARGE ACCOUNTS OR CREDITORS	$_____	$_____
TAXES	$_____	$_____
ANY OTHER DEBTS (LIST)		
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

TOTAL EXPENSES $_____

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

_____ _____

Date Signature