



**AFFIDAVIT OF INDIGENCY**

(To Be Submitted with Personal Criminal Record Request)

Subject Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street and number

City or Town

State and Zip Code

Pursuant to M.G.L. General Laws, Ch. 6, §172A, I swear (or affirm) as follows: **I AM INDIGENT** in that: (check only one of the following)

1.  I receive public assistance under the following program:
- Massachusetts Transitional Aid to Families with Dependent Children (TAFDC)
  - Federal Supplement Security Income (SSI)
  - Emergency Aid to Elderly, Disabled and Children (EAEDC)
  - Medicaid (MassHealth)
  - Massachusetts Veterans' Programs

2.  My income, less, less taxes deducted from my pay is \$\_\_\_\_\_ per week/month/year (circle period that applies), for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents; which income is at or below 125% or less of the current poverty threshold annually published in the Federal Register by the U.S. Department of Health and Human Services; [List any other available household income for the circled period on this line: )\$\_\_\_\_\_] **or**

3.  I am unable to pay the fees and costs, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing. **If you check this box, you must complete the following:**

Gross monthly income: \_\_\_\_\_

Gross Income for the past twelve months: \_\_\_\_\_

If employed, please list your occupation, employer's name and address:

If not employed, please list your source of income:

4.  I am currently incarcerated (Provide Name & Address of the Correctional Facility in the space below)

I request that the DCJIS waive the fee of \$25.00 for a Personal Criminal Offender Record Information (CORI) Request

Signed under the penalties of perjury:

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

\_\_\_\_\_  
Date