Sex Offender Registry Board
Affidavit of Indigency In Support of Request for Fee Waiver

IF YOU ARE REQUESTING A WAIVER OF ANNUAL FEE, THIS TWO SIDED FORM MUST BE COMPLETED, SIGNED AND RETURNED WITH THE REGISTRATION FEE INVOICE TO S.O.R.B., P.O. BOX 392, NORTH BILLERICA, MA 01862 NO LATER THAN 30 DAYS FROM DATE ON LETTER.

Part A

Name: _____ **Date of Birth:** _____

Sex Offender Number (SON #): _____ **Social Security Number:** _____

Address: _____ **Phone:** _____

How long have you lived at this address? _____ **If less than one year, list previous addresses:**

_____

List name and relationship of each person living with you? _____

_____

_____

Are you currently employed? **Yes ☐ No ☐**
If yes, list name(s), address(es) and phone number(s) of current employer(s). If no, list name(s), address(es) and phone number(s) of previous employer(s) during the past year:

_____

_____

How much do you earn from employment after taxes each month? $_____

If married, is your spouse employed? **Yes ☐ No ☐**
If yes, how much does your spouse earn from employment after taxes each month? $_____

Part B

Do you currently receive any of the following forms of public assistance? ☐ TAFDC ☐ EAEDC ☐ SSI

☐ SSDI ☐ Poverty Related Veterans' Benefits ☐ SNAP ☐ Medicaid ☐ Refugee Resettlement

****If you checked any of the above boxes, you must provide proof of benefit through current documentation (i.e. copy of benefit statement, bank statement, etc.).***

If you checked any of the public assistance boxes, please go directly to *Part E*.

Part C
List the dollar amount you have in:
Cash, savings, or bank accounts **$** _____
Stocks, bonds, Certificates of Deposit **$** _____

List:
Equity in real estate reasonably convertible to cash **$** _____
Equity in motor vehicle(s) not required for employment **$** _____

(OVER)

Part D

I. INCOME (*Monthly*)

Your salary after taxes	_____
Interest, dividends, or other earnings	_____
Contribution from other family member(s)	_____
Unemployment, Social Security, Workers' Comp., pension, annuities	_____
Spouse's salary after taxes	_____
Income from "spouse-type" relationship	_____
Other income	_____

II. EXPENSES (*Monthly*)

Your share of basic living costs including mortgage, rent, loans and charge accounts*

Mortgage/Rent*	_____
Utilities	_____
Food	_____
Clothing	_____
Health care	_____
Transportation	_____
Loans*	_____
Charge Accounts*	_____
Support for dependents	_____

Total Income $ _____ **Total Expenses $ _____**

List creditor(s): _____
_____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated or Divorced

Number of Dependents: _____ List name and relationship of each person you support:
_____
_____
_____

Part E

I hereby affirm that the information listed above is true and accurate. By signing this document I do so under the penalties of perjury. I give permission to the Sex Offender Registry Board to verify all of the information contained in this document, including public assistance information.

Signature: _____ Date: _____

FOR BOARD USE ONLY. DO NOT WRITE BELOW THIS LINE.

***Calculations (if necessary)*:**

Disposable Net Monthly Income (subtract Total Expenses from Total Income in Part D) **$ _____**

Plus Part C (Liquid Assets) **+$ _____**

Equals Available Funds **=$ _____**

***Determination*:**

☐ **Party is indigent because he or she receives one of the above-listed forms of public assistance and payment of fee would constitute an undue hardship. Therefore, payment of fee is waived for this year.**

☐ **Party is indigent because his or her annual income, after taxes, is 125% or less of the current poverty threshold referred to in G.L. c. 261, § 27A(b) and payment of fee would constitute an undue hardship. Therefore, payment of fee is waived for this year.**

☐ **Party is not indigent and payment of fee is not an undue hardship. Therefore, payment of fee is due within ten (10) days of notice of this denial of waiver.**

Staff Person's Initials: _____ Date: _____