

Tennessee Department of Children's Services

Affidavit of Income and Resources for Waiver of Sealed Records Fees

| STATE OF) COUNTY OF) | |
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| First being duly sworn according to law, Affiant states: | |
| I am and I am requesting waiver of fees for post-adoptive services by the Tennessee Department of Children's Services. | |
| Under penalty of perjury, I verify the following information to be true and correct; | |
| Do you currently live alone or do you live in a "family unit"? ☐ Alone ☐ Family Unit (Give total number in Family Unit) | |
| 2. If you answered "Alone" to Question No. 1, are you temporarily separated from your "family Unit due to your work, study, treatment or care so that at the end of such absence you will return to reside with the "family unit"? ☐ Yes ☐ No | |
| 3. If you answered "Alone" to Question No. 1, do you receive 50% or more of your support either in money or in goods, sercvies or shelter from persons to whom you are related by blood, marriage, or adoption? ☐ Yes ☐ No | |
| 4. If you answered "Yes" to Question No. 3, do you receive this support from more than one source to whom you are related by blood, marriage, or adoption? ☐ Yes ☐ No | |
| 5. If you answered "Yes" to Question No. 4, from which source do you receive the most support (name, address, & telephone): | |
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| | |
| 6. If you answered "Family Unit" in Question No. 1 or "Yes" to Question No. 2, list the adult persons in the family unit and your relationship to them: | |
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| 7. What is the total annual income frrom wages, salaries, commissions, tips, interest, alimony, or other sources, from all sources which you individually receive or which is paid on your behalf or which the adult persons have whom you listed in Questions Nos. 5 & 6? \$ Yourself: \$ A Members of Family Unit | dult |
| Describe the following amounts of resources which you individually have and/or which the adult persons have whom you listed in Question Nos. 5 & 6. | |
| a. Cash \$ | |

| b. (1) Checking Accounts \$ (2) Savings Accounts \$ (3) Certificates of Deposit \$ (4) Other types of financial assets in bank, savings and loan, or other financial institutions \$ |
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| c. Stocks (current market value \$ |
| d. Bonds \$ |
| e. Securities \$ |
| f. Cash value of life insurance policies \$ |
| g. Notes receivable \$ |
| h. What is the equity value, i.e., the value of the property minus mortgages, liens, or other debt, of: |
| (1) Real property which is <u>not</u> the primary home, farm, or business organization of you or the persons listed in Question Nos. 5 & 6. \$ |
| (2) Vehicles in excess of one vehicle for you and each adult member of the family unit? \$ |
| (3) Personal property (i.e., furniture, clothing, appliances, tools, etc.) owned by you or member of the family unit in excess of \$10,000 in value? |
| i. If the amounts you have listed in Questions h. (1)-(3) are the result of subtraction of the amount of mortgages, liens, etc. owing on the property, etc., list the name, address, and telephone number of the mortgage holder, lien holder, or other creditors: |
| |
| Are there any other assets not specifically listed above which you or members of your family unit possess? Yes No Describe: |
| FURTHER, AFFIANT SAITH NOT. |
| Signature: |
| Address: |
| Telephone: |
| Sworn and subscribed before me on this the day of, 20 |
| Notary public |
| My commission expires: |