

ACCOUNT NUMBER:	DATE:
CLIENT:	
RESPONDENT:	
DOCKET NUMBER(S):	
JCA WORKER CODE:	INVSTG-CD:

**NOTE:** Complete all blocks. Write **N/A** (not applicable) in those blocks that do not apply. Your signature on the reverse page **MUST** be notarized.

**AFFIDAVIT OF NET WORTH (Short Form)**

I, \_\_\_\_\_, being duly sworn, swear that the following is an accurate statement of my income, employment information, and home address information. I had only: wages, salaries, tips, taxable scholarship or fellowship grants or unemployment compensation as income and my taxable interest was not over \$1,500.

1. Did you file a Federal Income Tax Return?  Yes  No  
Last Year Return Filed \_\_\_\_\_
- A. If "YES," indicate your total income as reported on your latest Federal Income Tax Return. Copy information from:  
IRS Form 1040, Line 22; or  
IRS Form 1040A, Line 15; or  
IRS Form 1040EZ Line 4. Total Income 1A. \_\_\_\_\_
- B. If "NO," calculate your total income for last year as should have been reported on your Federal Income Tax Return by completing the following (if none, write "0"):
- (1) Wages, salaries, tips, etc. (1) \_\_\_\_\_
  - (2) Taxable interest income (2) \_\_\_\_\_
  - (3) Other income
    - (a) Workers Compensation (3a) \_\_\_\_\_
    - (b) Disability Benefits (3b) \_\_\_\_\_
    - (c) Unemployment Insurance Benefits (3c) \_\_\_\_\_
    - (d) Social Security Benefits (3d) \_\_\_\_\_
    - (e) Veterans Benefits (3e) \_\_\_\_\_
    - (f) Pensions and Retirement Benefits (3f) \_\_\_\_\_
    - (g) Fellowships/Stipends/Annuities (3g) \_\_\_\_\_
  - (4) Self-Employment Income (attach most recently filed Federal and State income tax returns, including all schedules) (4) \_\_\_\_\_
- Total (add lines 1 through 4) 1B. \_\_\_\_\_
- C. If you are currently receiving PA or SSI benefits, indicate the dollar amount below (if none, write "0"):  
PA: \$\_\_\_\_\_ collected per month; SSI: \$\_\_\_\_\_ collected per month
2. Write the dollar amount of money, goods (e.g., food, clothing), or services (e.g., housing, child care) provided free by relatives, friends, and employers during the last 12 months (if none, write "0"):
- A. Money A. \_\_\_\_\_
  - B. Goods B. \_\_\_\_\_ (explain type) \_\_\_\_\_
  - C. Services C. \_\_\_\_\_ (explain type) \_\_\_\_\_
- Total (add lines 2A, 2B and 2C) 2. \_\_\_\_\_

