POVERTY EXEMPTION APPLICATION
SUPPLEMENTAL ASSET TEST INFORMATION

List the following information for you and any other individual residing in the household

MOTOR VEHICLE INFORMATION: All motor vehicles and recreational vehicles including camping trailers, travel trailers, motor homes, motorcycles, ATVS, boats, personal watercraft, snowmobiles or anything which may be considered a recreational vehicle.

Make	Year	Market Value	Monthly Payment	Balance Owed

OTHER MISCELLANEOUS ASSESTS: Jewelry, Antiques, Artworks, Equipment, Money from the sale of property or assets, Gifts, Loans, Inheritances, Insurance settlements, also food, housing and other goods or services in lieu of wages

Description	Value

FINANCIAL / NON-FINANCIAL ASSISTANCE: The assistance received by all individuals residing within the household, including cash, food, food assistance programs, school meals, health care, Medicare, Medicaid, housing, utility assistance, child care,

Source of Assistance	Monthly or Annual Amount/Value (indicate which)

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

Petitioner Signature _____ Date _____