

**Probation Alternatives Program - Financial Declaration**

*The information provided on this form will be used to help determine your obligation to reimburse the Marin County Probation Department for expenses allowable under law, including program application processing and equipment charges. Any information you submit should be substantiated by attaching supporting documents such as: paycheck stubs, bank statements, tax returns or notice or proof of County enrollment in government support programs such as SSI or Cal Works.*

Name \_\_\_\_\_ Case \_\_\_\_\_

Home Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

Rent : \_\_\_\_\_ Own: \_\_\_\_\_ Monthly Cost: \_\$\_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name/Company: \_\_\_\_\_ Work Address \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Time in Job: \_\_\_\_\_ Rate: \$\_\_\_\_\_ per \_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

	FINANCIAL DEPENDENTS	DOB	AGE	RELATIONSHIP TO YOU

	INCOME SOURCES	SELF	SPOUSE	OTHER
	Employment/Pension			
	Unemployment/Disability			
	Disability/Social Security			
	Rental Income			
	Child Support			
	Public Financial Assistance (SNAP, GA)			

I/we, hereby swear and affirm, under the penalty of perjury, that this Declaration is a complete and accurate statement of my household income, and is a complete and accurate list of all persons domiciled with and/or financially impacting my household income, and that I have no other or additional income whatsoever.

\_\_\_\_\_

Defendant Signature

\_\_\_\_\_

Date