

4. I further state that the responses which I have made to the questions and instructions listed below relating to my inability to pay the required filing fees are true.

a. **Are you presently employed?** (Check one)

_____ Yes. I receive \$_____ per month.

List employer's name and address:

_____ No. The last employment I had ended on _____.

I received \$_____ per month while I was employed.

b. **Have you received within the past twelve months any income from a business, profession or other form of self-employment, or in the form of rent, payments, interest, dividends or other source?**
(Check one)

_____ Yes. If the answer is yes, describe each source of income, and state the amount received from each during the past twelve months.

Source of Income	Amount Received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ No.

c. **Do you own any cash or checking or savings account?** (Check one)

_____ Yes. The total value of the items owned is \$_____.

_____ No.

d. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing? (Check one)

_____ Yes. The total value of the items owned is \$_____.

_____ No.

e. List the persons who are dependent upon you for support and state your relationship to those persons.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.

Further, Affiant sayeth naught.

Claimant

Subscribed and sworn to before me
this _____ day of _____, 2011

Notary Public, State of Hawai'i

My Commission expires: _____