

3. EXPECTED OR AVAILABLE INDIVIDUAL INCOME

Answer the following questions. Upon request, you must attach the most recent paystubs, BGRTs, tax returns, or other documents of income for each household member.

(a) Are you currently employed?

Yes. If so, indicate average monthly gross income (including overtime pay, commission, tips): _____

No. If so, indicate date of last employment and amount earned: _____

(b) Indicate the source and amount of any income you receive, including, but not limited to spousal/child support, military stipends, gambling/lottery winnings, settlements, judgments, and rental income.

(c) Describe any sporadic source of income (frequency and amount) such as odd jobs, season work, temporary projects, or contract work.

(d) Indicate the total amount of available money you currently have (including checking, savings, or cash).

4. HOUSEHOLD INCOME

List all members of your household by name, age, relationship, occupation and gross monthly income, if any. In calculating income, you must include all sources of income (i.e., wage earnings, rents, self-employment income, investments income, property, etc.). Upon request, you must attach the most recent paystubs, BGRTs, tax returns, or other documents of income for each household member.

5. PROPERTY

Answer the following questions. Please note the following properties are exempted from consideration: the primary family home and lot, household furniture, one automobile, furnishings, and appliances.

(a) Aside from the above-mentioned exempted properties, do you own another car, boat, or any other type of vehicle? If so, describe the make/model, year, fair market value, and any amount owed on said property.

(b) Aside from your primary family home, do you own real property/real estate? If so, indicate address, title-owner, estimated fair market value, income from property, if any, and any amount owed for said property.

6. MONTHLY DEDUCTIONS & EXPENSES

Indicate the average monthly amount of any applicable deduction or expense.

Payroll deductions or wages withheld by Court Order: _____

Residence (i.e., rent, taxes, insurance, and/or maintenance): _____

Food and household supplies: _____

Transportation expenses (i.e., car payments, gas, repair): _____

Other (please specify type and amount): _____

7. OTHER SPECIAL CIRCUMSTANCES

Explain any other special circumstances that you want to have considered in support of your request.

I am the Complainant in the above-captioned action and believe I am entitled to relief. Due to financial difficulties and insufficient funding, I am unable to pay the labor complaint filing fee. Pursuant to NMIAC § 80-20.1-455 (k), I am requesting to proceed with the above-captioned action in forma pauperis or without payment of the filing fee. I understand that if I am later found not to qualify for in forma pauperis status, I may be ordered to pay the filing fee. In support of this request, I declare under penalty of perjury that the foregoing, including any attachment, is true and correct.

Complainant Signature (Print and Sign)

Date