ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, (*party filing appeal*)

vs.

Appellee(s). (*all other parties to appeal*)

AWCAC Appeal No. _____
AWCB Decision No. _____
AWCB Case No. _____

FINANCIAL STATEMENT AFFIDAVIT

(*To be filed with a motion to be excused from payment of fees and costs under 8 AAC 57.090*)

NOTICE: The Commission may seek verification of the information you provide. Other government agencies may have the right to obtain the information provided on this form. (Attach more pages if needed.)

I. PERSONAL INFORMATION

1. Last Name First Name Middle Initial

2. Social Security Number (*not mandatory; may be used to identify assets*)

3. Residence Address

4. Mailing Address (*if different*)

5. Telephone 6. Fax 7. Email

8a. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed 8b. How Long? _____

9a. Are you working now? ☐ Yes ☐ No 9b. If not, date last worked? _____

II. LIST ALL EMPLOYERS FOR THE LAST 12 MONTHS

1a. Present or Former Employer

1b. Address & Telephone Number of Present or Former Employer

1c. Job Title 1d. Salary 1e. Salary Per Hour/Week/Month

From: To: 1f. Dates of Employment (month & year) 1g. Number of Hours Per Week

2a. Present or Former Employer

2b. Address & Telephone Number of Present or Former Employer

2c. Job Title 2d. Salary 2e. Salary Per Hour/Week/Month

From: To: 2f. Dates of Employment (month & year) 2g. Number of Hours Per Week

III. SPOUSE'S EMPLOYMENT

1.Spouse's Name _____ 2.Spouse's Present or Past Employer _____

From: _____ To: _____ 4.Spouse's Salary _____ 5.Number of Hours Per Week _____

3.Spouse's Dates of Employment

IV. DEPENDENTS

Name / Age / Relationship	Name / Age / Relationship
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

V. MONTHLY EXPENSES

A. Expense	B. Your Share of Monthly Payment	C. Balance Owed	D. Amount Past Due
1. Housing: Rent/Mortgage			
2. Utilities: Gas/Electric/Water/Garbage			
3. Telephone			
4. Food			
5. Transportation: Gas/Bus			
6. Car Payment			
7. Insurance			
8. Child/Spousal Support			
9. Loans/Credit Cards (List):			
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			
10. Medical (*not covered by insurance*)			
11. Child Care			
12. IRS Back Taxes			
13. Debts (List):			
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			
14. **TOTALS:**			

VI. INCOME INFORMATION

1. Number of Permanent Fund Dividend checks received by your immediate family within the past year: _____
2. Your total net income (*after taxes, but before other deductions*) in the past 12 months: _____
3. Your spouse's total net income (*after taxes, but before other deductions*) in the past 12 months: _____
4. Any money you expect to receive in the next 6 months (*e.g. settlements, annuities*): _____
5. Are you a seasonal employee? ☐ No ☐ Yes If yes, specify: _____
6. Your total NET monthly income from:
   a. Wages: _____
   b. Public Assistance: _____
   c. Unemployment: _____
   d. Other: _____

   Explain Other: _____
7. Your spouse's total NET monthly income from:
   a. Wages: _____
   b. Public Assistance: _____
   c. Unemployment: _____
   d. Other: _____

   Explain Other: _____

VII. FAMILY ASSETS *(things you own or are buying)*

	A. Family Assets	B. Value	C. Balance Owed	D. Commission Use ONLY
1.	Cash			
2.	Bank Account – Checking			
3.	Bank Account – Savings			
4.	Securities			
5.	Pension Plans/Annuities			
6.	Life Insurance (*cash value/dividends*)			
7.	Land, Homes, Trailers			
8.	Home Furnishings			
9.	TV, Stereo, VCR/DVD, Computer			
10.	Vehicles			
11.	Snow Machines, Boats, ATVs, Motorcycles, Airplanes			
12.	Jewelry, Precious Metals/Stones			
13.	Furs			
14.	Collections (*coins, ivory, etc.*)			
15.	Tools and Guns			
16.	Sports Equipment			
17.	Fishing Gear			
18.	Limited Entry Permit(s)			
19.	Businesses			
20.	Other:			
21.	**TOTALS:**			

22. Specify any of the above you need to earn your living and explain why: _____

VIII. OATH OR AFFIRMATION

DO NOT SIGN THIS AFFIDAVIT UNTIL YOUR SIGNATURE CAN BE WITNESSED BY A NOTARY PUBLIC.
NOTICE: A false statement is punishable under Alaska law.

I, _____, declare under oath, or I affirm,
(*appellant's printed name*)
that my Financial Statement is true and complete.

_____ _____
(*date*) (*signature of appellant OR parent of appellant under 18*)

Subscribed and sworn to, or affirmed, before me on _____, 20___, in _____, Alaska.

(SEAL) _____
Notary Public

My Commission Expires: _____

IX. FINANCIAL SUMMARY (for Commission use ONLY)

1. Total family income for the past 12 months: _____
2. Total assets (equity): _____
3. Total assets (cash): _____
4. Total debts: _____
5. Total family income each month: _____
6. Total family expenses each month: _____
7. Amount behind: _____
8. Total discretionary income each month: _____
9. I recommend that this request be: ☐ Denied ☐ Approved
10. Reasons: _____

_____

_____

_____ _____
Signature of Commission Chair Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) this Financial Statement Affidavit was ☐ mailed, ☐ faxed, ☐ emailed, or ☐ hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was ☐ mailed, ☐ faxed, ☐ emailed, or ☐ hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)

		☐Opposing party **or** party's attorney (if represented):

_____ _____
Print name of person who served document *Signature of person who served document*