Superior Court of California, County of Yolo 1000 Main Street Woodland, Ca. 95695 530-406-6703	For Court Use Only
The People Vs. _____, Defendant	Case No:

Application for Reduced Monthly Payment; Income Declaration

I am requesting a reduced monthly payment:

1. My occupation, employer, and employer's address are:

2. My spouse's occupation, employer, and employer's address are:

3. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ CalWORKS: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families(formerly AFDC)
   c. ☐ Food Stamps: The Food Stamps Program
   d. ☐ County Relief, General Relief(G.R.), or General Assistance(G.A.)

[If you checked box 3 above, skip items 4 and 5 , and sign at the bottom of this form.]

4. My monthly Income
   a. Salary or wages(gross, before taxes) $_____
   b. Overtime(gross, before taxes) $_____
   c. Commissions or bonuses $_____

   Total Income before taxes **$_____**

   d. My payroll deductions are: $_____

   My Monthly Take-home pay $_____

5. Number of person living in my home _____

Below list all the persons living in your home, including spouse, who depend in whole or part on you for support, or on whom you depend in whole or in part for support:

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Date:_____

_____ _____

(print name) (signature)