



TEXAS DRIVER RESPONSIBILITY PROGRAM
Financial Affidavit
(In support of request for reduction of surcharge payment)



Print Full Name: _____

DL/ID/DPS Assigned Number: _____

MSB Account Number(s): _____

All questions must be answered in full and the form notarized for the application to be reviewed.

The following information will be used to determine your ability to pay your surcharge(s). You must be living at or below 125% of the federal poverty level to qualify for a reduction. **NOTE: You may be randomly selected to submit supporting document(s) based on your answers to the following questions.**

Employment:

(Provide gross income, before taxes)

Are you now employed? Yes No Self Employed

If yes, Name and Address of employer: _____

If yes, how much do you earn per month? _____

If no, give date of last employment and how much you earned per month? _____

If no, how much do you earn per month in unemployment? _____

If married, how much does your spouse earn per month? _____

If a dependent, what is your parent's or guardian's monthly income?

Other income:

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

If yes, give the amount received and identify the sources.

Received	Sources

Cash:

Do you have any cash on hand or money in a savings and/or checking account? Yes No

If yes, state the total amount. _____

Dependents:

Marital Status

Single Married Widowed Separated/Divorced

Total Number of Dependents: _____

List any persons you actually support and your relationship to them.

COMPLETE NOTARIZATION ON THE BACK SIDE BEFORE SUBMITTING



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OATH BEFORE NOTARY PUBLIC

STATE OF TEXAS, COUNTY OF _____, BEING FIRST DULY SWORN, UNDER OATH, SAYS: THAT HE/SHE IS THE APPLICANT IN THIS ACTION AND KNOWS THE CONTENT OF THE ABOVE APPLICATION AND CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

DAY OF _____, 20_____

Signature of Notary Public

Please mail the original notarized form to:



PO BOX 16733 – AUSTIN, TX 78761-6733

TOLL FREE (866) 223-3585
Mon – Thur 8AM– 9PM, Fri 8AM – 6PM
Saturday 8AM – 12PM

PLEASE ENTER ADDITIONAL INFORMATION IN THIS SPACE
