

**FINANCIAL AFFIDAVIT**  
**LINN COUNTY SHERIFF OFFICE - FINANCE DIVISION**  
**310 2<sup>ND</sup> AVENUE SW; PO BOX 669**  
**CEDAR RAPIDS, IA 52406**  
**PHONE: (319) 892-6232 FAX: (319) 892-6241**  
**MUST COMPLETE IN BLACK INK ONLY**

Name (Print Clearly) \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\*\*\*ARE YOU AWARE OF ANY EXPUNGED or EXONERATED Cases you might have: \_\_\_\_\_ YES \_\_\_\_\_ NO

Emergency/Family Contact (Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_  
Name Phone Number

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

How many hours per week do you work? \_\_\_\_\_ How much do you earn? \_\_\_\_\_ per hour / month / year  
(check one)

List any other sources of income here: (including child support/SSI/SSDI) \_\_\_\_\_

Do you have bank accounts? [ ] Yes [ ] No Checking (Current Balance) \$ \_\_\_\_\_ Savings (Current Balance) \$ \_\_\_\_\_

Name and address of Financial Institution: \_\_\_\_\_  
Name Address

List anything you own including cash, vehicles, real estate, or anything worth more than \$100 \_\_\_\_\_

List amounts you pay monthly for mortgages, rent, car loans, credit cards, child support, or any other debts. \_\_\_\_\_

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**\* You will be required to provide our office with your two most recent check stubs and ID.**

**I CERTIFY UNDER PENALTY OF PURJURY THAT THE STATEMENTS I MAKE ON THIS FINANCIAL AFFIDAVIT ARE TRUE AND CORRECT. I ALSO GIVE PERMISSION TO THE LINN COUNTY SHERIFF'S OFFICE TO VERIFY EMPLOYMENT.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_