ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, (pa	arty filing appeal)				
VS.					
			AWCAC Appea	ıl No	
				n No.	
Appellee(s).	(all other parties to appe	eal)		0	
	FINANCI	AL STATEMI	ENT AFFIDAV	'IT	
(<i>To be filed</i>				<u></u> costs under 8 AAC 57.090)	
	nmission may seek verifi to obtain the information			ovide. Other government agencies more pages if needed.)	
	I. P	ERSONAL INF	ORMATION		
1. Last Name First Name Middle		Middle In		2. Social Security Number (not mandatory; may be used to identify assets)	
		3. Residence A	Address		
	4.	. Mailing Address	(if different)		
5. Telephone 6. Fax				7. Email	
8a. Marital Status: [☐ Married ☐ Single ☐	Divorced	parated 🗌 Widow	red 8b. How Long?	
9a. Are you working	now? Yes No	9b. If n	ot, date last worke	d?	
	II. LIST ALL EM	IPLOYERS FOR	R THE LAST 12 N	MONTHS	
	<u>1a</u>	. Present or Forn	<u>ner Employer</u>		
	1b. Address & Tele	ephone Number o	f Present or Former	Employer	
	1c. Job Title		1d. Salary	1e. Salary Per Hour/Week/Month	
From:	To:				
1f. Dates o	f Employment (month & ye	ar)	1g.	Number of Hours Per Week	
	<u>2a</u>	. Present or Form	<u>ner Employer</u>		
	2b. Address & Tele	ephone Number o	f Present or Former	Employer	
	2c. Job Title		2d. Salary	2e. Salary Per Hour/Week/Month	
From:	To:				
	f Employment (month & ye	ar)	2q.	Number of Hours Per Week	

	III.	SPOUSE'S EMPLOYM	IENT			
	1.Spouse's Name		2.Spouse's Present or Past Employer			
Fron	n: To: 3.Spouse's Dates of Employment	4 Spauso	's Salary 5.N	5.Number of Hours Per Week		
	3.5pouse's Dates of Employment	•	S Salary 5.1V	lumber of hours per week		
		IV. DEPENDENTS				
	Name / Age / Relationship		_	/ Relationship		
1.		6				
2.		7. <u></u>				
3.		8				
4.		9				
5.						
	V	. MONTHLY EXPENSE	S			
	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					
	С					
	d			-		
	e					
10.	Medical (<i>not covered by insurance</i>)					
11.	Child Care					
12.	IRS Back Taxes			-		
13.	Debts (List):					
	a					
	b					
	c					
	d					
	e					
14.	TOTALS:					

VI. INCOME INFORMATION 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: Any money you expect to receive in the next 6 months (e.g. settlements, annuities): 4. Are you a seasonal employee? $\ \square$ No $\ \square$ Yes If yes, specify: __ 5. Your total NET monthly income from: 7. Your spouse's total NET monthly income from: a. Wages: Wages: Public Assistance: Public Assistance: Unemployment: Unemployment: c. c. Other: Other: Explain Other: Explain Other: VII. FAMILY ASSETS (things you own or are buying) D. Commission Use C. Balance B. Value Owed ONLY A. Family Assets Cash 1. 2. Bank Account - Checking 3. Bank Account – Savings 4. Securities Pension Plans/Annuities 5. 6. Life Insurance (cash value/dividends) 7. Land, Homes, Trailers 8. Home Furnishings 9. TV, Stereo, VCR/DVD, Computer 10. Vehicles Snow Machines, Boats, ATVs, 11. Motorcycles, Airplanes 12. Jewelry, Precious Metals/Stones 13. Furs 14. Collections (coins, ivory, etc.) Tools and Guns 15. 16. Sports Equipment 17. Fishing Gear Limited Entry Permit(s) 18. 19. **Businesses** 20. Other: 21. TOTALS: Specify any of the above you need to

22. earn your living and explain why:

VIII. OATH OR AFFIRMATION

DO NOT SIGN THIS AFFIDAVIT UNTIL YOUR SIGNA						
NOTICE : A false statement is punishable under Ala						
I,(appellant's printed name)	, declare under oath, or I affirm,					
that my Financial Statement is true and co	omplete.					
(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 SUMMAR	RY (for Commission use ONLY)					
1. Total family income for the past 12 months:						
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:	, .					
. Total discretionary income each month:						
. I recommend that this request be: Denied Approved						
10. Reasons:						
Signature of Commission Chair	Date					
	ATE OF SERVICE					
delivered to the Alaska Workers' Compensation Appeals	Itement Affidavit was \square mailed, \square faxed, \square emailed, or \square hand a Commission, and on the same date a complete copy of this and delivered to the parties checked at the addresses listed below.					
document was \square mailed, \square faxed, \square emailed, or \square 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					