



**TRAVIS COUNTY COLLECTIONS**  
**CIVIL DIVISION**  
Request for Review - Ability to Pay

PARTY INFORMATION		
Name:	Date Of Birth:	
Email:	Cell Phone:	Home Phone:
Mailing Address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION		
Current Employer:		
Employer Address:		How long at this job?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Are you unemployed?	How long have you been unemployed?	

**ACKNOWLEDGMENT AND DECLARATION**

Under penalty of perjury, I hereby certify the foregoing information as being complete and accurate. I authorize Travis County, their employees or agents, to conduct a complete and thorough investigation of any statement herein. This review request is an effort to reduce my payment but does not affect the overall balance due.

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Responsible Party

APPLICATION VERIFICATION (OFFICE USE ONLY)	
VERIFIED BY: _____  ADDRESS: _____ EMPLOYER: _____ PHONE: _____ ACCURINT _____ EMAIL: _____	DATE: _____



Financial Disclosure	
Monthly Income & Benefits	Monthly Expenses
Monthly Take Home Pay:	Mortgage/Rent:
Social Security/Disability:	Health/Life/Auto Insurance:
Retirement/Pension:	Utilities:
Veterans Benefits:	Food:
Unemployment Benefits:	Child Support/Daycare:
Workman's Compensation:	Victim Restitution:
Alimony/Child Support:	Community Supervision Fee/Classes:
Food/Medical Assistance Programs:	Installment Loan(s):
Parent/Guardian/Trust:	Telephone/Cell Phone:
Housing Assistance:	Internet/Cable/Satellite:
Student Loans/Financial Aid:	Credit Card(s):

Income/Benefits: \$ \_\_\_\_\_ Debt: \$ \_\_\_\_\_ Disposable: \$ \_\_\_\_\_