

Scott County Attorney's Office • License Reinstatement Program

400 W. 4th St. • Davenport, Iowa 52801
(563) 326-8235 <http://www.scottcountyiowa.com/attorney>

FINANCIAL AFFIDAVIT

Please complete form in its entirety before bringing to the County Attorney's Office.

Last Name: (Print) _____ First Name: _____ Middle Initial: _____

Social Security #: _____ - _____ - _____ DOB: _____ / _____ / _____

Address: _____
Street City State Zip

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you have a job? Yes No How many hours per week do you work? _____

Employer Name: _____

Employer Address: _____
Street City State Zip

How much do you earn? _____ per hour / month / year (circle one)

List any other sources of income here: (including child support)

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.

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

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I MAKE ON THIS FINANCIAL AFFIDAVIT ARE TRUE AND CORRECT.

Client's Signature: _____ Date: _____