

DECLARAÇÃO DE HIPOSSUFICIÊNCIA

DECLARANTE:

NOME: EDILAINE PASTORI ALVES	
NACIONALIDADE: BRASILEIRA	
ESTADO CIVIL: CASADA	
PROFISSÃO: DO LAR	
RG: 7.119.800-6 SESP/PR	CPF: 030.548.869-48
ENDEREÇO: RUA VITAL BRASIL, 338, CENTRO, BARBOSA FERRAZ/PR	
TELEFONE: (44) 9 8818-1214	

DECLARANTE:

NOME: JOSÉ FRANCISCO ALVES	
NACIONALIDADE: BRASILEIRO	
ESTADO CIVIL: CASADO	
PROFISSÃO: MESTRE DE OBRAS	
RG: 3.358.179-3 SESP/PR	CPF: 433.706.759-00
ENDEREÇO: RUA VITAL BRASIL, 338, CENTRO, BARBOSA FERRAZ/PR	
TELEFONE: (44) 9 8818-1214	

DECLARO, para os devidos fins de direito e sob as penas da lei, que minha renda familiar é de até 05 (cinco) salários mínimos, conforme art. 1º do Provimento 02/2022 do Moradia Legal e que não tenho condições de arcar com as despesas inerentes ao presente processo, sem prejuízo do meu sustento e de minha família, necessitando, portanto, da Gratuidade da Justiça, nos termos do art. 5º, inciso LXXIV da Constituição Federal, Lei nº 1.060/1950 (Estabelece normas para concessão de assistência judiciária aos necessitados) e art. 98 e seguintes da Lei nº 13.105/2015 (Código de Processo Civil).

BARBOSA FERRAZ – PR, 08 de 11 de 2023.

Edilaine Pastori Alves

DECLARANTE

EDILAINE PASTORI ALVES

José Francisco Alves

DECLARANTE

JOSÉ FRANCISCO ALVES

Testemunha 1

Nome: Carlos Eduardo Valentin Warken
CPF: 114.474.299-40

Testemunha 2

Nome: Gabriel de Souza Macedo
CPF: 100.117.669-30

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