

FINANCIAL AFFIDAVIT FORM

EMPLOYMENT AND INCOME

OCCUPATION: _____

EMPLOYED BY: _____

ADDRESS: _____

SOCIAL SECURITY #: XXX-XX-_____

PAY PERIOD: _____

RATE OF PAY: _____

AVERAGE GROSS MONTHLY _____

INCOME FROM EMPLOYMENT: _____

Bonuses, commissions, allowances, overtime tips and similar payments: _____

Business income from sources such as self-employment partnership close corporation, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) _____

Disability Benefits _____

Workers Compensation _____

Pension, retirement or annuity payments _____

Social security benefits _____

Spousal Support received from prior marriage _____

Interest and Dividends _____

Rental Income (gross receipts minus ordinary _____

and necessary expense required to produce income)

Reimbursed Expenses and in kind payments to the extent that they reduce personal living expenses

Gains derived from dealing in property

Itemize any other income of a recurring nature

TOTAL MONTHLY INCOME:

LESS DEDUCTIONS:

Federal, state and local income taxes (corrected for filing status and actual number of withholding allowances)

Social Security tax

FICA

Medicare tax

Life Insurance

Mandatory Retirement

Health Insurance Payments

Court Ordered Support Payments for the children actually paid

TOTAL DEDUCTIONS:

MONTHLY NET AVAILABLE INCOME

HOUSEHOLD:

AVERAGE MONTHLY EXPENSES

Mortgage or Rent Payments

\$ _____

Property Taxes and Insurance

Electricity

Water, garbage and sewer _____

Telephone / Cell Phone _____

Fuel Oil or Natural Gas _____

Repairs and Maintenance _____

Lawn /Pool Care/ Pest Control _____

Misc. Household _____

Food and Grocery Items _____

Meal Outside the Home _____

Other: _____

Category Total: _____

AUTOMOBILE:

Car Payment _____

Gasoline and oil _____

Repairs _____

Auto tags/Insurance _____

Category total: _____

CHILDRENS' EXPENSES:

Nursery or babysitting _____

School Tuition _____

School Supplies _____

Lunch Money _____

Allowance _____

Clothing _____

Medical, Dental, Prescription

Gifts for Special Holidays

Other Expenses:

Category Total:

INSURANCE:

Health

Life

Category Total:

OTHER EXPENSES NOT LISTED ABOVE:

Dry Cleaning and Laundry

Affiant's clothing

Affiant's Medical, Dental,

Prescription

Affiant's Hair Stylist

Affiant's gifts (special holidays)

Pets: Grooming / Veterinarian

Membership Dues

Professional Dues

Entertainment

Vacations

Publications

Religious Organization

Charities

Category Total: _____

OTHER EXPENSES: _____

TOTAL ABOVE EXPENSES: _____

PAYMENTS TO CREDITORS:

TO WHOM:	BALANCE DUE:	MONTHLY PYMT:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

TOTAL ALL MONTHLY EXPENSES AND CREDITOR PAYMENTS
\$ _____

Assets (Ownership: if joint, allocate equally)

Allocate by Title. If titled jointly, allocate equally.
(NOTE: allocations and categories as set forth are without prejudice to claims of special equities, nonmarital classification to other facts and/or equitable distribution factors.)

<u>Description</u>	<u>Value</u>	<u>Husband</u>	<u>Wife</u>
Cash (on hand or in bank)	_____	_____	_____
Stocks/Bonds/Notes 401k Plan	_____	_____	_____
Real Estate: Home	_____	_____	_____
Automobile	_____	_____	_____
Contents of Home: Furnishings	_____	_____	_____

Bedroom set	_____	_____	_____
Living room set	_____	_____	_____
Jewelry:	_____	_____	_____
Life Insurance/Cash Surrender Value	_____	_____	_____
Other Assets:	_____	_____	_____
Total Assets:	\$ _____	_____	\$ _____