

Financial Affidavit Florida Short Form

Personal Information

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Income Details

Income Source	Monthly Amount	Annual Amount	Remarks
Salary			
Rental Income			
Investments			
Other (Specify)			

Expenses

Housing: _____

Utilities: _____

Medical Expenses: _____

Other Monthly Expenses: _____

Certification and Declaration

- I affirm that the details provided above are accurate and complete.
- I acknowledge the legal obligation to disclose all income, assets, and liabilities.

Signatures

Affiant Name: _____

Signature: _____

Date: _____

Notary Public

Name: _____

Signature: _____

Notary Seal: _____