

State of _____

FINANCIAL AFFIDAVIT

I, the undersigned, being duly sworn, hereby affirm that:

1. My name is _____. My date of birth is _____.
2. My social security number is: _____.
3. I currently reside at the following address: _____.
4. Employment (Check all that apply)
 - I am currently NOT employed.
 - I am currently EMPLOYED (Check one) full time part time as a _____ [Position]. I am currently employed at _____ [Employer name], located at _____ [Address]. I am paid \$_____ (Check one) an hour a month other: _____.
 - I am currently SELF-EMPLOYED as a _____ [Position]. I currently earn approximately \$_____ (Check one) an hour a month other: _____.
5. Additional Employer (Check all that apply)
 - Not applicable.
 - I am currently EMPLOYED (Check one) full time part time as a _____ [Position]. I am currently employed at _____ [Employer name], located at _____ [Address]. I am paid \$_____ (Check one) an hour a month other: _____.
 - I am currently SELF-EMPLOYED as a _____ [Position]. I currently earn approximately \$_____ (Check one) an hour a month other: _____.
6. Other Sources of Income (Check one)
 - I do NOT receive any other sources of income.
 - I also receive the following sources of income:

| Type/Source of Income | Description | Amount of Income |
|-----------------------|-------------|------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |



8. Gross Income (Check one)

- I do NOT have any gross income.
- My gross income for the month is: \$_____.

9. I have the following monthly deductions from my gross income:

- Federal and State income tax: \$_____
- Social security: \$_____
- Medicare: \$_____
- Health insurance: \$_____
- Union dues: \$_____
- Mandatory retirement contributions: \$_____
- Child support: \$_____
- Life insurance premiums (to secure child support): \$_____
- Alimony/Spousal support: \$_____
- Other: _____

Total Monthly Net Income: \$_____

10. I have the following average monthly expenses:

- _____ [Type of expense]: \$_____
- _____ [Type of expense]: \$_____
- _____ [Type of expense]: \$_____

Total Monthly Expenses and Liabilities \$_____

11. Assets (Check one)

- I do NOT own any assets.
- I own the following assets:
 - _____ [Type of asset]: \$_____
 - _____ [Type of asset]: \$_____
 - _____ [Type of asset]: \$_____

Total Cash Value of Assets: \$_____

12. Other Financial Information: _____.



I certify under penalty of perjury that the information stated above is true, complete, and correct.

Affiant's Signature

Printed Name



NOTARY ACKNOWLEDGEMENT

State of _____)
) **(Seal)**
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by the undersigned, _____, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

Signature

Notary Public

My Commission Expires: _____

