

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 \_\_\_\_\_ )  
County of \_\_\_\_\_ ) (Seal)

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: \_\_\_\_\_

