

Financial Affidavit Worksheet

Please complete below the Best you can and please print legibly

I. General Information					
General Information	1 Names:				
	Your:	_____	_____	_____	_____
		First	Full Middle	Last	Age
	Spouse:	_____	_____	_____	_____
		First	Full Middle	Last	Age
	2 Dates:	_____		_____	
		Marriage		Separation	
	3 a. Children of THIS Marriage:				
		Name	Date of Birth	Resides With	
		_____	_____	_____	
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		
b. Children NOT of this Marriage:					
	Name	Date of Birth	Resides With		
	_____	_____	_____		
	_____	_____	_____		
	_____	_____	_____		

II Your Gross Monthly Income	
1	Gross Monthly Income (All income must be entered based on monthly average regardless of the date of receipt. Where applicable, income should be
a	Salary or Wages _____
b	Commission, Fees, Tips _____

Your Gross Monthly Income

- c** Income from Self-Employment, Partnerships, Corporations, and Independent Contracts (gross receipts minus ordinary and necessary expenses required to produce income) _____
- d** Rental Income (gross receipts minus ordinary and necessary expenses required to produce income) _____
- e** Bonuses _____
- f** Overtime Payments _____
- g** Severance Pay _____
- h** Recurring Income from Pensions Retirement Plans _____
- i** Interest and Dividends _____
- j** Trust Income _____
- k** Income from Annuities _____
- l** Capital Gains _____
- m** Social Security Disability or Retirement Benefits _____
- n** Worker's Compensation Benefits _____
- o** Unemployment Benefits _____
- p** Judgments for Personal Injury or Other Civil Cases _____
- q** Gifts (Cash, or other gifts that can be converted to cash) _____
- r** Prizes/Lottery Winnings _____
- s** Alimony and Maintenance from persons not in this case _____
- t** Assets which are used for support of THIS family _____
- u** Fringe Benefits (If significantly reduce living expenses) _____
- v** Interest and dividends _____
- w** Income from Royalties, Trusts or Estates _____
- x** Other Public Benefits (do NOT include means-tested Public Assistance, such as TANF, or food stamps) _____
- y** Other Income of Recurring Nature _____
- Total Gross Monthly Income _____

2 Net Monthly Income (deducting only state and federal taxes and FICA) _____

a Pay Period (Weekly, Bi-Weekly, Semi-Monthly, Monthly) _____

b Number of Exemptions Claimed: _____

III Average Monthly Expenses

A. Monthly Expenses

1 Household

Mortgage/Rent _____

Rent _____

1st Mortgage _____

Taxes _____

Insurance _____

1st Mortgage /Txs & Ins _____

2nd Mortgage _____

Electricity _____

Water _____

Garbage & Sewer _____

Telephone _____

Residential: _____

Cellular: _____

Gas _____

Repairs & Maintenance _____

Lawn care _____

Pest Control _____

Cable TV _____

Misc. (Household & Grocery) _____

Meals outside home _____

Other _____

2 Children's Expenses

Child Care _____

School tuition _____

Tutoring _____

Private Lessons _____

(e.g. music, dance)

School supplies/expenses _____

Lunch money _____

Allowance _____

Clothing _____

Diapers _____

Grooming/hygiene _____

Medical, dental, prescription
(out of pocket/
uncovered expenses) _____

Gifts from Children to
others _____

Entertainment _____

Activities
(including extra-
curricular school,
religious, cultural, etc.) _____

Summer Camps _____

Other _____

3 Automobile

Gas & Oil _____

Repairs _____

Auto tags & license _____

Insurance _____

Other _____

4 Other Vehicles

(Boats, Trailers, RVs, etc.) _____

Gas & Oil _____

Repairs _____

Auto tags & license _____

Insurance _____

Average Monthly Expenses

Average Monthly Expenses

	Other
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5 <u>Affiant's Other Expenses</u>	
Dry cleaning and laundry _____	Publications _____
Clothing _____	Dues, clubs _____
Medical/dental _____	Religious and charities _____
(out of pocket/ _____	Pet Expenses _____
Uncovered expenses) _____	Alimony paid to former _____
Prescriptions _____	spouse _____
Affiant's gifts _____	Child support paid for _____
(special holidays) _____	other children _____
Entertainment _____	Misc. (List) _____
Recreational Expenses _____	_____
(e.g. fitness) _____	_____
Vacations _____	Other (list) _____
Travel for Visitation _____	_____

6 <u>Other Insurance</u>	
Health _____	Life _____
Child(ren)'s Portion: _____	Child(ren)'s Portion: _____
Dental _____	Disability _____
Child(ren)'s Portion: _____	Other _____
Vision _____	Renter's Insurance _____
Child(ren)'s Portion: _____	_____

B. Credit Cards			
Credit Card Name	Balance	Monthly Pymt	

C Mortgages (If more than one Property, please list info on back and check here [<input type="checkbox"/>])			
Name of Mortgage Company	Balance	Monthly Pymt	
1st _____			
2nd _____			
Equity Line _____			

Avg Mon Exp

D Auto Payments			
Lien Holder	Vehicle	Balance	Monthly Pymt

IV Assets

Item	Value	Notes
Cash		
Stocks & Bonds		
CD's/Money Mrkt Accounts		
Bank Accounts		
Retirement Pensions, 401K, IRA or Profit Sharing		
Money owed to you		
Tax Refund owed to you		
Real Estate:		
Home:		
Debt Owed:		
Other:		
Debt Owed:		
Automobiles/Vehicles:		
Vehicle 1:		
Debt Owed:		
Vehicle 2:		
Debt Owed:		
Life Insurance (cash value)		
Furniture /Furnishings		
Jewelry		
Collectables		

