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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_