**STATE OF [INSERT STATE]**

**COUNTRY OF [INSERT COUNTRY]**

**IN THE OF [COURT AND JURISDICTION]**

**FINANCIAL AFFIDAVIT**

I, [INSERT NAME], the undersigned, being duly sworn, hereby affirm that under penalty of perjury the following information is true, complete, and correct:

1. My name is [INSERT NAME].
2. My date of birth is [INSERT BIRTHDATE].
3. My social security number is [INSERT SECURITY NUMBER].
4. I live at the following address [INSERT ADDRESS].

**Employment status:**

1. My employment status is [unemployed] OR [full time OR part time as a [INSERT POSITION] at [INSERT EMPLOYER NAME], located at [INSERT EMPLOYER LOCATION]. My annual salary is $[INSERT SALARY]] OR [self-employed as a [INSERT POSITION]. At present I earn approximately $[INSERT APPROXIMATE PAY] per year.] OR [INSERT OTHER EMPLOYMENT STATUS].

**Other income sources:**

1. [I do not receive any other sources of income that are not listed within clause 5.] OR [In addition to the income listed at clause 5, I also receive the following sources of income:
   1. [SOURCE OF INCOME], [INCOME DESCRIPTION], $[INCOME AMOUNT].
   2. [SOURCE OF INCOME], [INCOME DESCRIPTION], $[INCOME AMOUNT].
   3. [SOURCE OF INCOME], [INCOME DESCRIPTION], $[INCOME AMOUNT].
   4. [SOURCE OF INCOME], [INCOME DESCRIPTION], $[INCOME AMOUNT].

**Gross income:**

1. [I do not have a gross income.] OR [ My gross income for this month is $[INSERT MONTH GROSS INCOME].
2. [My gross income is subject to the following deductions:
   1. [Federal and State income tax- $[INSERT AMOUNT]]
   2. [Social security- $[INSERT AMOUNT]]
   3. [Medicare- $[INSERT AMOUNT]]
   4. [Health insurance- $[INSERT AMOUNT]]
   5. [Union dues- $[INSERT AMOUNT]]
   6. [Mandatory retirement contributions- $[INSERT AMOUNT]]
   7. [Child support- $[INSERT AMOUNT]]
   8. [Life insurance premiums to secure child support- $[INSERT AMOUNT]]
   9. [Alimony- $[INSERT AMOUNT]]
   10. [INSERT OTHER]
3. My total monthly net income $[INSERT AMOUNT].

**Expenses:**

1. My average monthly expenses are as follows:
   1. [TYPE OF EXPENSE]- $[INSERT AMOUNT]]
   2. [TYPE OF EXPENSE]- $[INSERT AMOUNT]]
   3. [TYPE OF EXPENSE]- $[INSERT AMOUNT]]
   4. [TYPE OF EXPENSE]- $[INSERT AMOUNT]]
2. My total average monthly expenses are $[INSERT AMOUNT]

**Assets:**

1. [I do not own any assets.] OR [I own the following assets:
   1. [TYPE OF ASSET]- $[INSERT AMOUNT]
   2. [TYPE OF ASSET]- $[INSERT AMOUNT]
   3. [TYPE OF ASSET]- $[INSERT AMOUNT]
   4. [TYPE OF ASSET]- $[INSERT AMOUNT]
2. The total cash value of my assets is $[INSERT AMOUNT].

**Other Financial Information:**

1. [INSERT OTHER FINANCIAL INFORMATION].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affiant Signature**

**Printed name:**

**Date:**

**NOTARY OF ACKNOWLEDGEMENT**

State of: [INSERT STATE]

Country of: [INSERT COUNTRY] (**Seal**)

This Financial Affidavit was acknowledged on the [INSERT DATE] by the undersigned, [INSERT UNDERSIGNED NAME], who has satisfactorily proven to me to be the person whose name is subscribed to this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

**My Commission Expires on the:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_