

In the \_\_\_\_\_ Court for \_\_\_\_\_ County, State of \_\_\_\_\_

In re: \_\_\_\_\_  
Petitioner

vs.  
\_\_\_\_\_  
Respondent

)  
)  
)  
)  
)  
)  
)  
)

Case No:

Division:

**FINANCIAL AFFIDAVIT (SHORT FORM)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, this day personally appeared \_\_\_\_\_, who being duly sworn, deposes and says that the following information is true and correct according to his/her best knowledge and belief.

**EMPLOYMENT AND INCOME**

OCCUPATION: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_

If you are employed but expecting soon to become unemployed or change jobs, describe the change you expect and why and how it will affect your income. If currently unemployed, describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive.

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

Business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income.) \_\_\_\_\_

Disability benefits \_\_\_\_\_

Workers' compensation \_\_\_\_\_

Unemployment compensation \_\_\_\_\_

Pension, retirement or annuity payments \_\_\_\_\_

Social Security benefits \_\_\_\_\_

Spousal support received from previous marriage \_\_\_\_\_

Interest and dividends \_\_\_\_\_

Rental income (gross receipts minus ordinary any necessary expenses required to produce income) \_\_\_\_\_

Income from royalties, trusts or estates \_\_\_\_\_

Reimbursed expenses and in kind payments to the extent that they reduce personal living expenses \_\_\_\_\_

Gains derived from dealing in property (not including non-recurring gains) \_\_\_\_\_

Itemize any other income of a recurring nature \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

LESS MONTHLY DEDUCTIONS

Federal, state and local income taxes (corrected for filing status and actual number of withholding allowances) \_\_\_\_\_

FICA or self-employment tax (annualized) \_\_\_\_\_

Mandatory union dues \_\_\_\_\_

Mandatory retirement \_\_\_\_\_

Health insurance payments  
Court-ordered support payments for the children actually paid \_\_\_\_\_

TOTAL DEDUCTIONS \$ \_\_\_\_\_

TOTAL NET INCOME \$ \_\_\_\_\_

**AVERAGE MONTHLY EXPENSES  
HOUSEHOLD:**

Mortgage or rent payments \_\_\_\_\_

Property taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Electricity \_\_\_\_\_

Waste, garbage and sewer \_\_\_\_\_

Telephone \_\_\_\_\_

Fuel \_\_\_\_\_

Barber/beauty parlor \_\_\_\_\_

Cosmetics/toiletries \_\_\_\_\_

Holiday gifts \_\_\_\_\_

Other expenses: \_\_\_\_\_

**TOTAL MONTHLY PAYMENTS TO CREDITORS** \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**ASSETS (Ownership: If marital, put one-half of the total value under petitioner, and one-half under respondent no matter whose name the item is in.)**

| DESCRIPTION   | VALUE | PETITIONER | RESPONDENT |
|---------------|-------|------------|------------|
| Cash on hand  | _____ | _____      | _____      |
| Cash in banks | _____ | _____      | _____      |
| Stocks/bonds  | _____ | _____      | _____      |
| Notes         | _____ | _____      | _____      |
| Real estate:  |       |            |            |
| Homes:        |       |            |            |
| _____         | _____ | _____      | _____      |
| _____         | _____ | _____      | _____      |
| Automobiles:  |       |            |            |
| _____         | _____ | _____      | _____      |
| _____         | _____ | _____      | _____      |

Other personal property:

Contents of home \_\_\_\_\_

Jewelry \_\_\_\_\_

Life Ins./ cash  
surrender value \_\_\_\_\_

Other assets:

\_\_\_\_\_

\_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

LIABILITIES

| Creditor | Security | Balance | Husband | Wife  |
|----------|----------|---------|---------|-------|
| _____    | _____    | _____   | _____   | _____ |
| _____    | _____    | _____   | _____   | _____ |
| _____    | _____    | _____   | _____   | _____ |
| _____    | _____    | _____   | _____   | _____ |

TOTAL LIABILITIES \$ \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_, \_\_\_\_\_ (year)

by \_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant: \_\_\_\_\_ Known \_\_\_\_\_ Produced ID

Type of ID \_\_\_\_\_

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM HE/SHE MUST FILL IN THE BLANKS BELOW. [FILL IN ALL BLANKS]

I, (name of nonlawyer) \_\_\_\_\_, a nonlawyer, located at (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_, (phone) \_\_\_\_\_, helped (name) \_\_\_\_\_, who is the (petitioner) (respondent), fill out this form.