

FINANCIAL AFFIDAVIT WORKSHEET

Information About You:

Your Name: _____

Date of Marriage: _____ Date of Separation: _____

Employer Name: _____

How often are you paid? ___ Monthly ___ Every other week ___ Twice Monthly ___ Weekly
___ Other: _____

Do you have a second job? If so, please provide the above information for your second employer.

GROSS MONTHLY INCOME

(Please add any comments in the notes section)

<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>	<u>NOTES</u>
Gross Wages	\$ _____	_____
Bonuses	\$ _____	_____
Disability/SSI Benefits	\$ _____	_____
Pension/Retirement	\$ _____	_____
Interest/Dividends/CDs	\$ _____	_____
Alimony	\$ _____	_____
Rental Property	\$ _____	_____
Unemployment	\$ _____	_____
Recurring Capital Gains	\$ _____	_____
Other (overtime, car allowance, shift pay, vacation/holiday pay, etc)	\$ _____	_____
<u>TOTAL</u>	\$ _____	_____

(Line A)

Notes

DEDUCTIONS FROM GROSS INCOME

(Please only include what is deducted from your paycheck. If you pay any of these expenses after you receive your paycheck, that information should go in the monthly expenses category on the next page)

<u>DEDUCTION</u>	<u>AMOUNT</u>	<u>NOTES</u>
Federal Income Tax	\$ _____	_____
State Income Tax	\$ _____	_____
Social Security Tax	\$ _____	_____
Medicare Tax	\$ _____	_____
Retirement (Mandatory Deductions)	\$ _____	_____
Retirement (Vol. Deductions)	\$ _____	_____
Does your employer contribute?	Yes / No How Much?	_____
Garnishment	\$ _____	_____
Self-Employment Tax	\$ _____	_____
Health Insurance:	\$ _____	_____
Parents Insurance	\$ _____	_____
Children's Insurance	\$ _____	_____
(Please break down the cost of insurance for each person you pay insurance for)		
Dental Insurance	\$ _____	_____
Vision Insurance	\$ _____	_____
Life Insurance	\$ _____	_____
Disability Insurance	\$ _____	_____
Medical Spending Account	\$ _____	_____
Child Support	\$ _____	_____
Alimony	\$ _____	_____
Other	\$ _____	_____
<u>TOTAL</u>	\$ _____	_____
(Line B)		
<u>NET MONTHLY INCOME</u>	\$ _____	_____
(Gross Income Minus Total Deductions: Line A – Line B)		

Notes:

MONTHLY EXPENSES**(Please add any comments in the notes section)**

<u>HOUSEHOLD EXPENSES</u>	<u>AMOUNT</u> (Now)	<u>AMOUNT</u> (After Date of Separation)	<u>NOTES</u>
Apartment Rent	\$ _____	\$ _____	_____
Mortgage Payment	\$ _____	\$ _____	_____
(Specify whether taxes and insurance are included in the mortgage)			
Taxes not included in mortgage	\$ _____	\$ _____	_____
Homeowners insurance not included in mortgage	\$ _____	\$ _____	_____
Renters Insurance	\$ _____	\$ _____	_____
HOA Fees	\$ _____	\$ _____	_____
Property Taxes	\$ _____	\$ _____	_____
Routine house and appliance repair/maintenance	\$ _____	\$ _____	_____
Electricity	\$ _____	\$ _____	_____
Gas/home heating fuel	\$ _____	\$ _____	_____
Water	\$ _____	\$ _____	_____
Garbage	\$ _____	\$ _____	_____
Cable, Digital Television	\$ _____	\$ _____	_____
Internet Service	\$ _____	\$ _____	_____
Home Telephone	\$ _____	\$ _____	_____
Cellular Telephone	\$ _____	\$ _____	_____
Yard Maintenance	\$ _____	\$ _____	_____
Home Security System	\$ _____	\$ _____	_____
House Cleaning Service	\$ _____	\$ _____	_____
Pest Control Services	\$ _____	\$ _____	_____

Notes:

MONTHLY EXPENSES (Continued)

(Please add any comments in the notes section)

<u>INSURANCE</u>	<u>AMOUNT</u> (Now)	<u>AMOUNT</u> (After Date of Separation)	<u>NOTES</u>
Parent's Health Insurance	\$ _____	\$ _____	_____
(Please note whether insurance for you and your children is automatically deducted from your paycheck. Please note whether the other parent pays for yours or the children's insurance.)			
Parent's Dental Insurance	\$ _____	\$ _____	_____
Parent's Vision Insurance	\$ _____	\$ _____	_____
Children's Health Insurance	\$ _____	\$ _____	_____
Children's Dental Insurance	\$ _____	\$ _____	_____
Children's Vision Insurance	\$ _____	\$ _____	_____
Life Insurance	\$ _____	\$ _____	_____
Disability Insurance	\$ _____	\$ _____	_____
Long-term Care	\$ _____	\$ _____	_____
Short-term Care	\$ _____	\$ _____	_____
Car Insurance How many cars?	\$ _____	\$ _____	_____

OUT OF POCKET

AMOUNT

AMOUNT

MEDICAL EXPENSES

Now

After Date of Separation

(Please separate amounts spent on yourself and children, if applicable)

	Self/Child(ren)	Self/Child(ren)	
Medical	\$ ____/\$ ____	\$ ____/\$ ____	_____
Psychiatric/ Psychological/Counseling	\$ ____/\$ ____	\$ ____/\$ ____	_____
Dental	\$ ____/\$ ____	\$ ____/\$ ____	_____
Orthodontic	\$ ____/\$ ____	\$ ____/\$ ____	_____
Prescriptions	\$ ____/\$ ____	\$ ____/\$ ____	_____
Non-Prescriptions	\$ ____/\$ ____	\$ ____/\$ ____	_____

Notes:

MONTHLY EXPENSES (Continued)**(Please add any comments in the notes section)**

<u>EDUCATION EXPENSES</u>	<u>AMOUNT</u> (Now)	<u>AMOUNT</u> (After Date of Separation)	<u>NOTES</u>
(Please break down expenses in notes section by tuition, school supplies, books, private lessons, tutoring or other. Use additional paper if necessary.)			
For Self	\$ _____	\$ _____	_____
For Child 1	\$ _____	\$ _____	_____
For Child 2	\$ _____	\$ _____	_____
For Child 3	\$ _____	\$ _____	_____
Day Care/After School Care	\$ _____	\$ _____	_____
Babysitter	\$ _____	\$ _____	_____
<u>TRANSPORTATION</u>			
Car Payment(s)	\$ _____	\$ _____	_____
Gasoline	\$ _____	\$ _____	_____
Parking/Commuting/Tolls	\$ _____	\$ _____	_____
Vehicle Maintenance	\$ _____	\$ _____	_____
Vehicle Repairs	\$ _____	\$ _____	_____
Tags/Licenses/Taxes	\$ _____	\$ _____	_____
<u>FOOD EXPENSES</u>			
Groceries	\$ _____	\$ _____	_____
Meals outside of home	\$ _____	\$ _____	_____
School lunches	\$ _____	\$ _____	_____
<u>CLOTHING/UNIFORMS</u>			
For Self	\$ _____	\$ _____	_____
For Children	\$ _____	\$ _____	_____
Repair/Dry Cleaning	\$ _____	\$ _____	_____
<u>PERSONAL UPKEEP</u>			
Hair	\$ _____	\$ _____	_____
Cosmetics	\$ _____	\$ _____	_____
Spa Treatments	\$ _____	\$ _____	_____

Notes:

MONTHLY EXPENSES (Continued)

(Please add any comments in the notes section)

<u>MISCELLANEOUS</u>	<u>AMOUNT</u> (Now)	<u>AMOUNT</u> (After Date of Separation)	<u>NOTES</u>
(Please separate amounts spent on yourself and children, if applicable)			
Entertainment	\$ _____	\$ _____	_____
Vacation/Travel	\$ _____	\$ _____	_____
Gifts to Others	\$ _____	\$ _____	_____
Hobbies (specify hobby)	\$ _____	\$ _____	_____
After school Activities (specify activity)	\$ _____	\$ _____	_____
Babysitter (not related to work)	\$ _____	\$ _____	_____
Allowance	\$ _____	\$ _____	_____
Camp/Summer Activities	\$ _____	\$ _____	_____
Gifts from Children to Others	\$ _____	\$ _____	_____
Clubs (Boy/Girl Scouts)	\$ _____	\$ _____	_____
Cosmetics/Toiletries	\$ _____	\$ _____	_____
Club Dues/Memberships	\$ _____	\$ _____	_____
Professional Expenses	\$ _____	\$ _____	_____
Pet Care Costs	\$ _____	\$ _____	_____
Veterinarian	\$ _____	\$ _____	_____
Charitable Donations	\$ _____	\$ _____	_____
Subscriptions	\$ _____	\$ _____	_____
Gym Membership	\$ _____	\$ _____	_____
Other _____	\$ _____	\$ _____	_____
Other _____	\$ _____	\$ _____	_____
<u>TOTAL EXPENSES</u>	\$ _____	\$ _____	_____