

Instructions for completing this Affidavit

- Attach recent pay stub to this Affidavit if you have not already provided your attorney with one.
- If you cannot attach a pay stub, attach what records you have which reflect any income you receive.
- Give your best estimate of each expense. If possible, add entire year of payments for each category and divide by 12 to get a monthly amount.
- Review the explanations at the end for certain expenses to make sure you have included the correct figures.
- If you have any questions regarding any category, please call our office at 842-2803 and we will be glad to help.

AFFIDAVIT OF INCOME AND EXPENSE

1. My Social Security No. is _____.
2. The parties have been married _____ years; my age is _____.
3. There are _____ children of the marriage, aged respectively _____, residing with _____.

4. **Monthly Income.**

a. **Gross Income Per Month:**

(State name of employer)

1. Salary/Wages _____
2. Other earned income (second job) _____

b. **My Other Monthly Income**

1. Dividends _____
2. Interest _____
3. Child Support (prior/current marriage) _____
4. Maintenance (prior/current marriage) _____
5. Social Security (for myself & dependents) _____
6. Pension Benefits _____
7. Other _____

c. **Deductions Per Month** (Filing Status: Single/Married [circle one])
(No. of exemptions claimed: _____)

1. Federal Taxes _____
2. State Taxes _____
3. Social Security _____
4. Medicare _____
5. Mandatory Pension _____
6. Union Dues _____
7. Health Insurance _____
8. Court Ordered Child Support _____
9. Other _____

5. LIVING EXPENSES (monthly average over past _____ months)

- a. Housing:
 - a. Rent/Mortgage _____
 - b. Real Estate Taxes _____
 - c. Insurance _____
 - d. Utilities (1) _____
 - e. Telephone _____
 - f. Groceries _____
 - g. Maintenance (2) _____
 - h. Other _____

- b. Transportation:
 - a. Loan Payment _____
 - b. Insurance _____
 - c. Gasoline _____
 - d. Maintenance/Repair _____
 - e. Other (3) _____

- c. Medical:
 - a. Doctors (4) _____
 - b. Glasses/Contacts _____
 - c. Prescription Medicines _____
 - d. Other (5) _____

- d. Food: (6) _____

- e. Personal:
 - a. Clothing _____
 - b. Entertainment (7) _____
 - c. Vacations _____
 - d. Gifts (8) _____
 - e. Voluntary Retirement (9) _____
 - f. Other _____

- f. Children's Expenses:
 - a. Education (10) _____
 - b. Clothing _____
 - c. Medical (11) _____
 - d. Daycare/Sitters _____
 - e. Grooming _____
 - f. Lunches/Allowances _____
 - g. Other _____

g. Debts:

- a. Credit Cards (Minimum payment(s))
- b. Unsecured Debt (Minimum Payment)
- c. Other (12)

Explanation

- (1) **Utilities** include gas, oil, electric, sewer, water, garbage, cable, etc., but **not telephone**.
- (2) **Maintenance** includes gardening, snow removal, condo fees, repairs, exterminators, service contracts, cleaning service, it etc.
- (3) **Other Transportation** includes vehicle rentals, buses, taxis, registration, parking, tolls, etc.
- (4) **Doctors** include medical doctors, dentists, orthodontists, chiropractors, optometrists, psychiatrists, counselors, specialists, etc.
- (5) **Other Medical** includes vitamins, etc.
- (6) **Food** includes household supplies, meals out, etc.
- (7) **Entertainment** includes clubs, hobbies, sports, dues, etc.
- (8) **Gifts** include gifts to charity, religious gifts, holiday gifts to family and friends, etc.
- (9) **Voluntary Retirement** includes contributions to an IRA, SEP, 401(k), 403(b)., etc.
- (10) **Children's Education** includes private school tuition, books, fees, lessons, tutors, etc.
- (11) **Children's Medical** includes amounts not covered by insurance for medical care including braces, glasses, allergies, counseling, etc.
- (12) **Other Debts** include monthly payments on IRS liens, judgments, etc.