FINANCIAL AFFIDAVIT

State of)			
County of)			
On	before me,		, personall	у
appeared		, person	nally known to me (or proved to m	ne
on the basis of sat	isfactory evidence) to	o be the person(s) w	whose name(s) is/are subscribed to	the
within instrument	and acknowledged to	o me that he/she/the	ey executed the same in his/her/the	eir
authorized capacit	y(ies), and that by hi	s/her/their signature	e(s) on the instrument the person(s),
or the entity upon	behalf of which the	person(s) acted, exe	ecuted the instrument and was swo	orn
and says that the f	following statement of	of affiant's income, a	assets and liabilities is true:	
Occupation				
Employed By				
Business Address				
Pay Period				
Rate of Pay				
Social Security #				
ITEM 1: INCOM	E (Averaged on	bas	sis):	
Average GROSS	S Wage		\$	
Less Deducti	ions			
Federal I	ncome Tax	\$		

Social Security	\$		
Other	\$		
Total Deductions	\$		
Minus Total Deductions	\$		
Plus Other Income			
		\$	
		\$	
TOTAL NET INCOME		\$	
ITEM 2. ACCETS (Oversageline	If igint allocate agually)		
Cash on hand or in banks	ITEM 2: ASSETS (Ownership: If joint, allocate equally):		
		\$	
Stocks, bonds, notes		\$	
Real estate			
Home	\$		
Other	\$		
Automobiles	\$		
Other personal property	\$		
Other assets	\$		
TOTAL ASSETS	\$		
ITEM 3: LIABILITIES			
Creditor	Balance Due	Monthly Payments	
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL LIABILITIES	\$		

ITEM 4: AVERAGE MONTHLY EXPENSES

Household:				
Mortgage or r		\$		
Food and groo		\$		
Utilities				\$
Automobile:				
Gasoline and	oil			\$
Repairs				\$
Insurance				\$
Children's Expen	ses:			
Clothing				\$
Medical, dent		\$		
School supplies				\$
Other expense	es:			\$
TOTAL AVE	RAGE MONTHLY EXI	PENSES		\$
Affiant's Signature				
State of County of))			
On	before me,			, personally
personally known to person(s) whose na that he/she/they execute	o me (or proved to me of me(s) is/are subscribed and the same in his/her/the instrument the person(s instrument.	on the basis of satis to the within instru heir authorized capa	factory evidence ment and ackno- city(ies), and th	owledged to me at by his/her/their
SignatureSign	nature of Notary	Affiant Type of ID _	_ Known	Produced ID
				(Seal)
	ER HELPED YOU FI E LOW (fill in all blank		ORM THEY M	UST FILL IN
I (name of nonlawy	ver)		, nonlawye	r located at (street)
(phone)	helped (<i>name</i> espondent, fill out this f)	who i	s the [one only]

This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not prepared by a person licensed to practice law in this state.