**AFFIDAVIT OF FINANCIAL DISCLOSURE**

Date: [MM/DD/YYYY]

Court: [COURT] County: [COUNTY] State: [STATE]

Case Number: [#]

I, [AFFIANT NAME], the affiant, residing at [AFFIANT ADDRESS], being duly sworn, hereby swear under oath that the information stated in this Financial Affidavit and the attached documents, if any, is true and correct. I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.

1. **INCOME**. In support of the following income information, I have attached all necessary pay stubs, income tax returns, and W-2s and/or 1099 statements.

[ ]  Employed [ ]  Self-Employed

Employer: [EMPLOYER NAME] Hours worked per week: [#]

Address: [EMPLOYER ADDRESS]

Gross Income: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually

Net Income: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually

**Other Income**:

Source: [INCOME TYPE] $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually

Source: [INCOME TYPE] $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually

Source: [INCOME TYPE] $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually

Number of other members in household: [#]

Income from other members: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually

Any current child support orders? [ ]  No [ ]  Yes, in the amount of $[DOLLAR AMOUNT] to [RECIPIENT NAME]. If yes, attach copies of all support orders.

1. **HEALTH INSURANCE**. In support of the following insurance information, I have attached proof of health insurance coverage and cost.

Insurance Coverage: [ ]  Employer[ ]  Private [ ]  Medicaid [ ]  Medicare[ ]  None

Coverage Includes: [ ]  Medical[ ]  Dental [ ]  Vision [ ]  Prescription [ ]  Other: [ADDITIONAL COVERAGE]

Insurance Plan Name: [INSURANCE PLAN NAME] Policy #: [#]

Cost: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually for Family Plan.

Cost: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly [ ]  Annually for Individual Plan.

Children’s health insurance covered by: [ ]  My Plan[ ]  Other Parent’s Plan

[ ]  Medicaid[ ]  Other: [CHILD INSURANCE PROVIDER]

1. **CHILD CARE**. Childcare Provider: [CHILDCARE PROVIDER]

Number of Hours/Week: [#] for $[DOLLAR AMOUNT] per [ ]  Hour[ ]  Week [ ]  Month

1. **ASSETS**. In support of the following asset information, I have attached all necessary documents proving the value of my assets.

**Bank Accounts**

Bank Name (Checking): [BANK NAME] Balance: $[DOLLAR AMOUNT]

Bank Name (Savings): [BANK NAME] Balance: $[DOLLAR AMOUNT]

Bank Name (Other): [BANK NAME] Type: [BANK ACCOUNT TYPE]

Balance: $[DOLLAR AMOUNT]

**Vehicle(s)**

Vehicle: Year: [YYYY] Make: [VEHICLE MAKE] Model: [VEHICLE MODEL]

Value: $[DOLLAR AMOUNT]

Vehicle: Year: [YYYY] Make: [VEHICLE MAKE] Model: [VEHICLE MODEL]

Value: $[DOLLAR AMOUNT]

**Real Property**

Type: [PROPERTY TYPE] Address: [PROPERTY ADDRESS]

Market Value: $[DOLLAR AMOUNT] Mortgage: $[DOLLAR AMOUNT]

Type: [PROPERTY TYPE] Address: [PROPERTY ADDRESS]

Market Value: $[DOLLAR AMOUNT] Mortgage: $[DOLLAR AMOUNT]

Type: [PROPERTY TYPE] Address: [PROPERTY ADDRESS]

Market Value: $[DOLLAR AMOUNT] Mortgage: $[DOLLAR AMOUNT]

**Other Assets**

Details: [ASSET DETAILS]

Market Value: $[DOLLAR AMOUNT]

Details: [ASSET DETAILS]

Market Value: $[DOLLAR AMOUNT]

1. **EXPENSES**. The following table contains a list of my expenses and the associated costs per month.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Cost** | **Type** | **Cost** |
| Rent | $[AMOUNT] | Public Transport | $[AMOUNT] |
| Mortgage | $[AMOUNT] | Childcare | $[AMOUNT] |
| Home Maintenance | $[AMOUNT] | School Expenses | $[AMOUNT] |
| Electricity | $[AMOUNT] | Food | $[AMOUNT] |
| Heating | $[AMOUNT] | Clothing | $[AMOUNT] |
| Other Utilities | $[AMOUNT] | Medical | $[AMOUNT] |
| Phone | $[AMOUNT] | Contributions | $[AMOUNT] |
| Internet | $[AMOUNT] | Health Insurance | $[AMOUNT] |
| Cable/TV | $[AMOUNT] | Life Insurance | $[AMOUNT] |
| Car Payments | $[AMOUNT] | Car Insurance | $[AMOUNT] |
| Gas (Vehicle) | $[AMOUNT] | Home Insurance | $[AMOUNT] |
| **Other Expenses** | **Cost** |
| [EXPENSE DETAILS] | $[AMOUNT] |
| [EXPENSE DETAILS] | $[AMOUNT] |

1. **LOANS AND DEBTS**. In support of the following debt information, I have attached all necessary documents related to my debts and loans.

Debt/Loan Details: [DEBT/LOAN DETAILS]

Balance: $[DOLLAR AMOUNT] Payment: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly

Debt/Loan Details: [DEBT/LOAN DETAILS]

Balance: $[DOLLAR AMOUNT] Payment: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly

Debt/Loan Details: [DEBT/LOAN DETAILS]

Balance: $[DOLLAR AMOUNT] Payment: $[DOLLAR AMOUNT] [ ]  Weekly[ ]  Monthly

Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct.

**Affiant’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of [STATE]

County of [COUNTY]

The foregoing instrument was acknowledged before me, [NOTARY NAME], on [MM/DD/YYYY], by the undersigned, [AFFIANT NAME], who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

WITNESS my hand and official seal.

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) (Seal)