

STATE OF NORTH CAROLINA  
 COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE  
 DISTRICT COURT DIVISION  
 FILE NO.

Plaintiff,
v.
Defendant.

**FINANCIAL AFFIDAVIT**

[ ] PLAINTIFF [ ] DEFENDANT

INCOME INFORMATION

Employer: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Taxable Year Adjusted Gross Income:	
Monthly Gross Before Deductions	
Monthly Take Home Pay After Deductions:	

(ATTACH TO THIS AFFIDAVIT COPIES OF THE PAST 2 MONTHS' WAGE & EARNINGS STATEMENTS)

Other Incomes:	Commissions:		Investments:
	Social Security:		Alimony:
	Child Support		Other:
<b>TOTALS</b>			

MONTHLY HEALTH INSURANCE AND OTHER CHILD PAYMENTS

Total Health Insurance      Pre-Existing Child      Responsibility for  
 Premium Costs: \$ \_\_\_\_\_ Support Payments: \$ \_\_\_\_\_ Other Children: \$ \_\_\_\_\_

MONTHLY WORK RELATED CHILD CARE COSTS

Child's Name	Amount	Child's Name	Amount

NON-PRORATED MONTHLY EXPENSES

Item	Amount	Item	Amount
House Payment/Rent		Household Food Supplies	
Heat		Electricity	
Water		Telephone	
Cablevision		Car Payment	
House Maintenance		Car Insurance	
Life Insurance			
<b>TOTALS</b>			

**(OVER)**

**INDIVIDUAL MONTHLY EXPENSES**

<b>SELF</b>	<b>CHILD</b>	<b>CHILD</b>	<b>CHILD</b>	<b>TOTALS</b>
	Name: _____	Name: _____	Name: _____	
	Age: _____	Age: _____	Age: _____	

School & Work Lunch					
Medical/Dental					
Drugs					
Clothing					
Grooming					
Laundry/Cleaning					
Entertainment					
Recreation					
Reading Material					
Church Donations					
Gifts, Christmas, etc.					
Club Dues					
Education					
Allowances					
Vacation					
Gasoline					
Car Repair & Maintenance					
Eating Out					
Other					
Other					
Other					
<b>TOTALS</b>					

**ASSETS AND DEBTS**

Asset	Value	Debt	Balance Due	Monthly Payment
Real Estate		Real Estate (Mortgage)		
Vehicles		Vehicle		
Stocks & Bonds		Loans		
Accounts & Cash		Credit Cards		
Other		Other		
<b>TOTALS</b>				

I certify that aforementioned is true, complete and accurate to the best of my ability.

Sworn to and subscribed to before me                      Affiant  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public    My Commission Expires: