



**FINANCIAL AFFIDAVIT WORKSHEET**

**GENERAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

How Long Employed: \_\_\_\_\_

Pay Period:                      Weekly          Bi-Weekly          Semi Monthly          Monthly

**INCOME:**

Gross Weekly Wage: \_\_\_\_\_

Federal Tax: \_\_\_\_\_                      Life Insurance: \_\_\_\_\_

Social Security: \_\_\_\_\_                      401K: \_\_\_\_\_

Medicare: \_\_\_\_\_                      Health Insurance: \_\_\_\_\_

State Tax: \_\_\_\_\_                      Dues: \_\_\_\_\_

Other: \_\_\_\_\_                      Other: \_\_\_\_\_

Net Weekly Wage: \_\_\_\_\_

Please list any other income you receive below (rents, dividends, pension, etc.)

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**WEEKLY EXPENSES:**

(To calculate a monthly expense into a weekly expense divide amount by 4.3)

Rent/Mortgage	_____	Clothing	_____
Real Estate Taxes	_____	Gas/Oil (Car)	_____
Fuel	_____	Repairs Car	_____
Electricity	_____	Auto Loan	_____
Gas	_____	Health Insurance	_____
Water	_____	Auto Insurance	_____
Sewer	_____	Homeowners Insur.	_____
Telephone	_____	Life Insurance	_____
Trash Collection	_____	Med/Dental Expense	_____
Cable TV/Satellite	_____	Child Support	_____
Food	_____	Alimony	_____
Cell Phone	_____	Day Care	_____
Membership/Dues	_____	Other	_____
Health/Beauty	_____	Other	_____
Grooming	_____	Other	_____

**LIABILITIES:**

<u>Creditor's Name</u>	<u>Amount of Debt</u>	<u>Balance Due</u>	<u>Date Incurred</u>	<u>Weekly Payment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____


**ASSETS:**

**Real Estate:**

Address of Property	Value (Estimate)	Mortgage Balance
Address of Property	Value (Estimate)	Mortgage Balance

**Motor Vehicles:**

Year	Make	Model	Value	Loan Balance
Year	Make	Model	Value	Loan Balance
Year	Make	Model	Value	Loan Balance

**Bank Accounts: (List Joint and Solely Owned Accounts)**

Name of Bank	Type of Account	Balance	Owner
Name of Bank	Type of Account	Balance	Owner
Name of Bank	Type of Account	Balance	Owner
Name of Bank	Type of Account	Balance	Owner

**Stocks, Bonds, Mutual Funds:**

_____ Name of Company	_____ Number of Shares	_____ Value
_____ Name of Company	_____ Number of Shares	_____ Value
_____ Name of Company	_____ Number of Shares	_____ Value

**Insurance:**

_____ Name of Insured	_____ Company	_____ Face Amount	_____ Cash Value	_____ Loan Amt.
_____ Name of Insured	_____ Company	_____ Face Amount	_____ Cash Value	_____ Loan Amt.
_____ Name of Insured	_____ Company	_____ Face Amount	_____ Cash Value	_____ Loan Amt.

**Deferred Compensation Plans: (IRA, 401K, Keogh)**

_____ Name of Plan	_____ Value	_____ Name of Plan	_____ Value
_____ Name of Plan	_____ Value	_____ Name of Plan	_____ Value

**All Other Assets:**

**Business Interest:**

**HEALTH INSURANCE:**

Name and Address of Insurance Carrier: \_\_\_\_\_  
\_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Name of Persons Covered by Policy \_\_\_\_\_  
\_\_\_\_\_