

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

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

_____,)
Plaintiff,) **AFFIDAVIT OF FINANCIAL STANDING**
VS.) **OF** _____
) (Name)
_____,)
Defendant.)

The Affiant, having been first duly sworn as to the truthfulness and completeness of this Affidavit, deposes and says:

PART I
INCOME AND DEDUCTIONS

(To arrive at monthly figures, weekly income is multiplied by 4.333; every other week income is multiplied by 2.166; and twice monthly income is multiplied by 2)

Gross Wages	
Overtime	
Commissions	
Bonuses	
Dividends	
Interest	
Social Security	
Pension or Retirement	
Business Profit	
Rent	
Other Income	
TOTAL MONTHLY GROSS INCOME	

Federal Income Taxes	
State Income Taxes	
Social Security Taxes	
Medicare Taxes	
Retirement	
Medical/Dental/Vision Ins.	
Life Insurance	
Other Deductions	
TOTAL MONTHLY DEDUCTIONS FROM INCOME	

MONTHLY NET INCOME	
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I am paid Weekly Every Other Week Twice a Month Monthly Other _____

I have have not received substantially the same income for the past 12 months.

Explain: _____

I am now employed at _____ located at _____ and have been employed there since _____.

If not employed, last regular job was at _____ and I worked there until _____.

**PART II
EXPENSES**

The average monthly financial needs and expenses for the support of myself and child(ren) born to my marriage are as follows:

A.	HOUSING	YOURSELF	CHILDREN	TOTAL
1.	Rent			
2.	Mortgage (Principal & Interest)			
3.	Second Mortgage or Equity Line			
4.	Real Estate Tax			
5.	HOA Fees			
6.	Home Insurance			
7.	Other (explain)			
	SUBTOTALS			

B.	UTILITIES	YOURSELF	CHILDREN	TOTAL
1.	Electricity			
2.	Gas / Heating Oil			
3.	Telephone			
4.	Cell Phone			
5.	Water			
6.	Cable TV / Satellite			
7.	Internet			
8.	Trash			
9.	Other (explain)			
	SUBTOTALS			

C.	HOUSEHOLD MAINTENANCE	YOURSELF	CHILDREN	TOTAL
1.	Repairs			
2.	Service Contracts			
3.	Garden & Yard Work			
4.	Housekeeper			
5.	Other (explain)			
	SUBTOTALS			

D.	FOOD	YOURSELF	CHILDREN	TOTAL
1.	Food at home			
2.	Food away from home			
3.	School lunches			
4.	Other (explain)			
	SUBTOTALS			

E.	CLOTHING / GROOMING	YOURSELF	CHILDREN	TOTAL
1.	Clothing			
2.	Dry Cleaning			
3.	Barber / Beautyshop			
4.	Personal Grooming Supplies & Expenses			
5.	Other (explain)			
	SUBTOTALS			

F.	TRANSPORTATION	YOURSELF	CHILDREN	TOTAL
1.	Gas			
2.	Repair, Maintenance & Inspections			
3.	Drivers License & Registrations			
4.	Auto Insurance			
5.	Auto Payments			
6.	Other (explain)			
	SUBTOTALS			

G.	HEALTH & MEDICAL	YOURSELF	CHILDREN	TOTAL
1.	Medical Insurance (do not list here if listed on deductions on Part I)			
2.	Dental Insurance (do not list here if listed on deductions on Part I)			
3.	Vision Insurance (do not list here if listed on deductions on Part I)			
4.	Life Insurance (do not list here if listed on deductions on Part I)			
5.	Disability Insurance (do not list here if listed on deductions on Part I)			
6.	Medicine & Prescription Drugs			
7.	Medical/ dental/vision expenses not covered by insurance including co-pays			
8.	Other (explain			
	SUBTOTALS			

H.	CHILDREN'S EDUCATION / CHILD CARE	YOURSELF	CHILDREN	TOTAL
1.	Children's Day Care			
2.	Private School Tuition			
3.	College Tuition			
4.	Children's Allowance			
5.	School Supplies			
6.	Sports Activities			
7.	Lessons			
8.	Tutoring			
9.	Other (explain)			
	SUBTOTALS			

I.	PERSONAL / ENTERTAINMENT	YOURSELF	CHILDREN	TOTAL
1.	Books, Magazines, Newspapers			
2.	Dues (professional & social)			
3.	Charities / Contributions			
4.	Recreation			
5.	Vacations / Trips			
5.	Special Occasion Gifts			
6.	Pets			
7.	Other (explain)			
	SUBTOTALS			

J.	OTHER	YOURSELF	CHILDREN	TOTAL
1.	Alimony Obligations of Prior Marriage			
2.	Prior Child Support Obligations			
3.	Other (explain)			
	SUBTOTALS			

	YOURSELF	CHILDREN	TOTAL (yourself plus children)
TOTAL MONTHLY EXPENSES (add subtotals of A thru J)			

**PART III
DEBTS**

To the best of my knowledge, the outstanding debts presently owed by this family are as follows:

*Do not list any debts previously listed in Part II (Expenses) in this section

	CREDITOR'S NAME	RESPONSIBLE PARTY (Husband, Wife or Joint)	BALANCE DUE	MONTHLY PAYMENT
1.				
2.				
3.				
4.				
5.				
6.				
	TOTAL DEBTS			

TOTAL MONTHLY EXPENSES and DEBTS (add total monthly expenses for yourself & children and total monthly debts)	
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**SCHEDULE IV
Disclosure of Documents**

I have provided the opposing party copies of the documents listed below:

This the _____ day of _____, 20__

(Signature of Affiant)

Sworn to and subscribed before me this
_____ day of _____, 20__

NOTARY PUBLIC
My Commission Expires: _____

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this day served the forgoing document on all the parties to this cause by:

___ Depositing a copy thereof postage paid, in the United States mail to the attorney or party addressed as follows:

___ Hand delivering a copy hereof to the attorney or party addressed as follows:

___ Depositing a copy thereof with a nationally recognized courier service, for delivery, addressed to the attorney or party as follows:

___ Telecopying a copy thereof to the attorney or party as follows:

This ___ day of _____, 20__

(Signature of Affiant)