

3. A. Affiant's Gross Monthly Income:
(All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized).

Salary \$ _____

Bonuses, commissions, allowances, overtime, tips and Similar payments (based on past 12 month average or Time of employment if less than a year). ATTACH SHEETS ITEMIZING THIS INCOME. _____

Business income from sources such as self employment, Partnership, close corporations, and/or independent Contracts (gross receipts minus ordinary and necessary Expenses required to produce income), ATTACH SHEET ITEMIZING THIS INCOME. _____

Disability / unemployment, / worker's comp
Pension, retirements or annuity payments
Other public benefits (specify) _____
Social Security benefits _____
Spousal or child support from prior marriage _____
Interest and dividends _____

Rental income (gross receipts minus ordinary and Necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME _____

Income from royalties, trusts or estate
Gains derived from dealing in property (not including Non-recurring gains). _____
Other income of a recurring nature (specify source) _____

GROSS MONTHLY INCOME \$ _____

- B. List and describe all benefits of employment, e.g., automobile and/or auto allowance, insurance (auto, life, disability, etc), deferred compensation, employer contribution to retirement or stock, club memberships, and reimbursed expenses (to the extent they reduce personal living expenses). ATTACH SHEET, IF NECESSARY.
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- C. Net monthly income from employment: (deducting only State and federal taxes and FICA) \$ _____
Affiant's pay period (i.e., weekly, monthly, etc.): _____
Number of exemptions claimed: _____

4. Assets (if you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale).

<u>Description</u>	<u>Value</u>	<u>Separate Asset of Husband</u>	<u>Separate Asset of Wife</u>
Cash	\$ _____	_____	_____
Stocks, bonds	\$ _____	_____	_____
CDs/Money Mkt Accts	\$ _____	_____	_____
Real Estate:			
Home	\$ _____	_____	_____
Other	\$ _____	_____	_____
	\$ _____	_____	_____
Automobile	\$ _____	_____	_____
Money Owed You	\$ _____	_____	_____
Retirement/IRA	\$ _____	_____	_____
Furniture/furnishings	\$ _____	_____	_____
Jewelry	\$ _____	_____	_____
Life Insurance (cash value)	\$ _____	_____	_____
Collectibles	\$ _____	_____	_____
Bank accounts			
Checking	\$ _____	_____	_____
Savings	\$ _____	_____	_____
Other Assets			
_____	\$ _____	_____	_____
TOTAL ASSETS	\$ _____	_____	_____

5. A. (Indicate with (*) all which are estimates rather than actual figures than actual figures Taken from records or personal knowledge).

AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

Mortgage/Rent payments _____
 Property taxes _____
 Insurance _____
 Electricity _____
 Water _____
 Garbage/Sewer _____
 Telephone _____
 Gas _____
 Repairs/Maintenance _____
 Lawn care _____
 Pest control _____
 Cable TV _____
 Misc. Household _____
 Grocery items _____

Meals outside of home _____
 Other (specify) _____

TOTAL HOUSEHOLD EXPENSES _____

AUTOMOBILE

Gasoline _____
 Insurance _____
 Repairs _____
 Auto tags and license _____
 Other (specify) _____

TOTAL AUTOMOBILE EXPENSES _____

CHILDREN'S EXPENSE

Childcare _____
 School tuition _____
 School supplies/expenses _____
 Lunch money _____
 Clothing _____
 Diapers _____
 Medical, dental, prescription _____
 Grooming/hygiene _____
 Gifts _____
 Entertainment _____
 Activities _____

Dues/clubs _____
 Religious _____
 Charities _____
 Misc. (attach sheet) _____
 Other (attach sheet) _____
 Alimony paid _____
 (to former spouse)
 Child support paid _____
 (to former spouse)

TOTAL OTHER EXP. \$ _____

TOTAL MONTHLY EXPENSES

\$ _____

INSURANCE

Health _____
 Life _____
 Disability _____
 Other _____

AFFIANT'S OTHER EXPENSES:

Dry cleaning _____
 Laundry _____
 Clothing _____
 Medical/dental _____
 Prescriptions _____
 Gifts (special holidays) _____
 Hygiene/grooming _____
 Entertainment _____
 Vacations _____
 Publications _____

B. PAYMENT TO CREDITORS:

To whom: (with account #)	Balance Due	Monthly Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY PAYMENTS TO CREDITORS \$ _____

C. TOTAL MONTHLY EXPENSES \$ _____

Sworn to and subscribed
 Before me this ____ day
 Of _____, 20____.

Notary Public

Affiant