

STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

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

)	<u>FINANCIAL STANDING AFFIDAVIT</u>
)	OF () PLAINTIFF
Plaintiff,)	() DEFENDANT
)	SEEKING SUPPORT
v.)	() ALIMONY
)	() CHILD SUPPORT
)	FROM WHOM SUPPORT IS SOUGHT
)	() ALIMONY
Defendant.)	() CHILD SUPPORT

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

PART I
INCOME AND DEDUCTIONS

That I am paid () weekly, () every other week, () twice monthly, () monthly, () other, and I have **GROSS** monthly income from all sources as follows:

(NOTE: To arrive at monthly figures, weekly income is multiplied by 4.3; every other week is multiplied by 2.15; and twice monthly is multiplied by 2.)

1. Gross wages: _____
2. Overtime: _____
3. Commissions: _____
4. Bonus: _____
5. Interest: _____
6. Dividends: _____
7. Trust Fund: _____
8. Social Security: _____
9. Pension (or military retirement) _____
10. Business Profit: _____
11. Rents: _____
12. Child Support Received: _____
13. Alimony Received: _____
14. Other (itemize): _____
A: _____
B: _____

TOTAL GROSS INCOME:

\$ _____

Itemized monthly deductions from Gross income are as follows:

- 1. Federal Income tax: _____
- 2. State Income taxes: _____
- 3. Bonus: _____
- 4. Retirement: _____
- 5. Medical Insurance: _____
- 6. Life Insurance*: _____
- 7. Credit Union*: _____
- 8. Other*: _____

TOTAL NET INCOME (Gross less deductions): \$ _____

(* If this item is listed as a deduction in Part I, do not list as expense in Part II.)

PART II
EXPENSES

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

	<u>SELF</u>	<u>CHILD 1</u>	<u>CHILD 2</u>	<u>TOTAL</u>
1. Rent or Mortgage:	_____	_____	_____	_____
2. 2 nd Mortgage/Equityline or Line of Credit:	_____	_____	_____	_____
3. City County taxes: (if not included in mortgage)	_____	_____	_____	_____
4. Homeowners/Renters Ins: (if not included in mortgage)	_____	_____	_____	_____
5. Homeowners Assoc Dues:	_____	_____	_____	_____
6. Electricity:	_____	_____	_____	_____
7. Gas, Fuel, Oil:	_____	_____	_____	_____
8. Water/Sewer:	_____	_____	_____	_____
9. Telephone/Cell phone:	_____	_____	_____	_____
10. Cable/Internet:	_____	_____	_____	_____
11. Maintenance & repair:	_____	_____	_____	_____
12. House & Yard:	_____	_____	_____	_____
13. Household supplies:	_____	_____	_____	_____
14. Newspaper or magazines:	_____	_____	_____	_____
15. Tobacco:	_____	_____	_____	_____

	<u>SELF</u>	<u>CHILD 1</u>	<u>CHILD 2</u>	<u>TOTAL</u>
16. Auto payments:	_____	_____	_____	_____
17. Auto insurance:	_____	_____	_____	_____
18. Auto gas:	_____	_____	_____	_____
19. Auto repairs:	_____	_____	_____	_____
20. Auto taxes/regist:	_____	_____	_____	_____
21. Food (at home):	_____	_____	_____	_____
22. Food away from home: (including school)	_____	_____	_____	_____
23. Clothing:	_____	_____	_____	_____
24. Personal Grooming: (barber, hairdresser)	_____	_____	_____	_____
25. Laundry and dry cleaners:	_____	_____	_____	_____
26. Medical/Dental/Orthodontic Insurance Premiums: (if not withheld from earnings)	_____	_____	_____	_____
27. Uninsured medical, dental, or orthodontic bills:	_____	_____	_____	_____
28. Uninsured Prescriptions:	_____	_____	_____	_____
29. Uninsured Therapy:	_____	_____	_____	_____
30. Life Ins. Premiums:	_____	_____	_____	_____
31. Disability or other insurance:	_____	_____	_____	_____
32. Parking Fees (Auto):	_____	_____	_____	_____
33. Child Support Paid:	_____	_____	_____	_____
34. Alimony Paid:	_____	_____	_____	_____
35. Child Care: (nursery & babysitting)	_____	_____	_____	_____
36. Work/School Uniforms:	_____	_____	_____	_____
37. Education Expenses: (tuition, supplies)	_____	_____	_____	_____
38. Dues: (professional, social, school)	_____	_____	_____	_____
39. Special Training: (piano, dance, sports)	_____	_____	_____	_____
40. Children College Plans:	_____	_____	_____	_____
41. Savings Programs:	_____	_____	_____	_____
42. Allowances to Child:	_____	_____	_____	_____
43. Religious Contributions:	_____	_____	_____	_____
44. Charitable Contributions:	_____	_____	_____	_____
45. Recreation:	_____	_____	_____	_____
46. Club/Gym Dues:	_____	_____	_____	_____
47. Vacations:	_____	_____	_____	_____
48. Christmas:	_____	_____	_____	_____
49. Birthday:	_____	_____	_____	_____

50. Credit Cards:
 A: _____
 B: _____
 C: _____
 D: _____
 E: _____

51. Other:
 A: _____
 B: _____
 C: _____

TOTAL MONTHLY EXPENSES: \$ _____

DEBT PAYMENTS

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

<u>CREDITOR:</u>	<u>RESPONSIBLE PARTY:</u> <u>(husband, wife, joint)</u>	<u>BALANCE DUE:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL DEBTS: \$ _____

SUMMARY OF FINANCIAL NEEDS

Total Monthly Expenses & Debts: \$
 Total Monthly Income (subtracted): \$

NET MONTHLY FINANCIAL NEEDS: \$ _____

PART III
BACKGROUND INFORMATION

That I have (), have not () received substantially the same income for the past twelve (12) months. If not substantially the same, explain the change and the reasons therefore:

That for tax purposes I claim _____ exemptions on my W-2 form (including myself).

That I do not have any income or employment other than as listed in this Affidavit.

That true and accurate copies of the latest two (2) personal State and Federal income taxes and my latest four (4) payroll stubs or vouchers will be provided.

That true and accurate copies of all financial statements submitted by me to any lending institution in the past two (2) years, if any, are attached to this Affidavit.

That since the date of my separation from my spouse, I have provided support in the total sum of \$_____ for my minor dependent child(ren) living with my spouse.

That I am now employed at _____ and have been employed there since _____. If not employed, last regular job was at _____ and worked there until _____.

That I have () do not have () a second job.

That second job is at _____ and I have worked there since _____, averaging _____ hours per week at a pay rate of \$_____ per hour.

That I have () have not () remarried.

That my present spouse now living with me is employed () is not employed () and his/her gross income is \$_____.

That my present spouse now living with me receives (), does not receive () spousal support for a former spouse and the amount of such support is \$_____ per _____.

That I have (), have no () assets in the nature of stocks, bonds, savings accounts, real estate, etc. and all such assets are listed specifically on an attached sheet.

STATE OF NORTH CAROLINA

VERIFICATION

COUNTY OF NEW HANOVER

Being first duly sworn, I depose and say:

- 1. That I have read the foregoing pages and I know the contents thereof; and
- 2. That the contents are true to my knowledge, except as to those matters and things stated upon information and belief, and as to those matters and things, I believe them to be true.

This the ____ day of _____, 201____.

_____, Affiant

I, a Notary Public, do hereby certify that _____ personally appeared before me and executed the foregoing document.

- I have personal knowledge of the identity of the principal; or
- I have seen satisfactory evidence of the principal's identity by a current state or federal identification with the principal's photograph in the form of a driver's license.

This the ____ day of _____, 201____.

Notary Public
My Commission expires: _____