**CLIENT INFORMATION**

**Courtesy of Alft & Wilson Publishing – Iowa Support Master**

**www.iowasupportmaster.com**

Your Information

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) (Land Line)

Social Security Number: \_\_\_\_\_\_--\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Name \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yearly Gross Income: \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Federal EIN number if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yearly Gross Income: \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Federal EIN number if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State where married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spousal Support Information**

Do you anticipate you or your spouse possibly requesting spousal support (alimony)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you or your spouse contribute to either’s higher education and advancement? For example, did you

work while your spouse was obtaining his/her college education? \_\_\_\_\_\_\_\_\_\_\_\_

Did you or your spouse stay home and, for example, take care of the kids, do house chores, while your

spouse worked? \_\_\_\_\_\_\_\_\_\_\_\_

Explain Answers:

**Income Information**

Do you engage in self-employment AND work a paycheck job? Yes - No

**WAGE INCOME**

How are you paid (circle one)? Weekly / Bi-weekly / 1st & 15th (twice per month) / Monthly

Enter your average gross income per pay period: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach up to 5 pay stubs for you and your spouse if available.

If you are paid hourly, how much are you paid per hour? $\_\_\_\_\_\_\_\_\_\_

How many hours per week, on the average, do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many overtime hours per week, on the average, do you work? \_\_\_\_\_\_\_

What is your overtime pay per hour? $\_\_\_\_\_\_\_\_\_\_\_

If self-employed, what is your net profit or earned income from self-employment?

$\_\_\_\_\_\_\_\_\_\_\_ per Week / Bi-week / Month / Year (circle).

How did you determine this information (circle one): Tax forms or Estimating?

Has your income increased/decreased over the past three years? Explain:

**SELF-EMPLOYMENT INCOME**

Please provide a copy of your last three years tax returns.

What do you do to earn income?

List any additional income and sources (such as alimony and interest) below:

**TAX RETURN INFO**

The filing status on your next tax return is expected to be:

Single: \_\_\_\_Married: \_\_\_\_ Head of Household: \_\_\_\_ Married/Separated: \_\_\_\_

Number of dependents that you currently claim on your tax return: \_\_\_\_

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you legally blind and/or over age 65? \_\_\_\_

What school district do you reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses**

List the following that you must pay and how often: (weekly, bi-weekly, monthly)

Union dues \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Mandatory pension \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Un-reimbursed medical support paid (include medications) \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Child support (from a prior court order) \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Spousal Support (from a prior court order) \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Childcare expenses \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

How many children are in childcare? \_\_\_\_\_\_

Do you receive any assistance in providing childcare (ie. Employer provides $500 per mo.)? Explain:

**Health Insurance – Private Plan - Title XIX – hawk-i**

Are you and/or your spouse covered by Title XIX (if yes, explain):

Are any of the children covered by Title XIX or hawk-I (if yes, explain):

If any of the children are covered by hawk-I, who is paying the premium and how much does it cost per month:

Do you currently have the child(ren) covered under a private plan of health insurance? Yes – No

 If yes, does the plan of health insurance also cover you and/or your spouse? Yes – No

 How many people are covered by the plan? \_\_\_\_\_\_\_\_\_

If the children are covered, what is the name of the company? (ie. Blue Cross):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the cost of the health plan per month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If this is a family plan, you need to find out what the plan would cost if you were single. If you know, how much does the single plan cost per month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the children are not covered by a health plan, why? (ie. Cannot afford, not available, health issues):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children Information**

Names - Dates of Birth - Was child born during marriage? Who will the child most likely live with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or your spouse have children with other individuals? Explain and include where they live; if child

support is involved and their dates of birth.

List any information which you feel may be important when considering the amount of child support:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach additional sheets if needed.

**Spouse Information**

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

Mailing Address (if different from yours)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) (Land Line)

Social Security Number: \_\_\_\_\_\_--\_\_\_\_\_\_--\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Name \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yearly Gross Income: \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Federal EIN number if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yearly Gross Income: \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Federal EIN number if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school district does your spouse reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse Income Information**

Does your spouse engage in self-employment AND work at a paycheck job? Yes - No

**WAGE INCOME**

How is your spouse paid (circle one)? Weekly / Bi-weekly / 1st & 15th (twice per month) / Monthly

Enter your spouse’s average gross income per pay period: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach up to 5 pay stubs for you and your spouse if available.

If spouse is paid hourly, how much per hour? $\_\_\_\_\_\_\_\_\_\_

How many hours per week, on the average, does spouse work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many overtime hours per week, on the average, does spouse work? \_\_\_\_\_\_\_

How much overtime pay does your spouse receive per hour? $\_\_\_\_\_\_\_\_\_\_\_

**SELF-EMPLOYMENT INCOME**

Please provide a copy of the last three years tax returns.

If self-employed, what is your spouse’s net profit or earned income from self-employment?

$\_\_\_\_\_\_\_\_\_\_\_ per Week / Bi-week / Month / Year (circle).

How did you determine this information (circle one): Tax forms or Estimating

Has your spouse’s income increased/decreased over the past three years? Explain:

What does you spouse do to earn income?

List any additional income and sources (such as alimony and interest) below:

**TAX RETURN INFO**

The filing status on your next tax return is expected to be:

Single: \_\_\_\_Married: \_\_\_\_ Head of Household: \_\_\_\_ Married/Separated: \_\_\_\_

Number of dependents that you currently claim on your tax return: \_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you legally blind and/or over age 65? Yes - No

What school district do you reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse Expenses**

List the following that your spouse must pay and how often: (weekly, bi-weekly, monthly)

Union dues \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Mandatory pension \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Unreimbursed medical support paid (include medications) \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Child support (from a prior court order) \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Spousal Support (from a prior court order \_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_

Has income increased, decreased or stayed the same over the last 3 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain:

**Financial Statement Info**

Please complete the following to the best of your ability. Be as accurate as possible. Be careful to avoid errors and omissions. If you need more room, use the back of the paper. If you have a question about any item please let us know. Some items may require additional documentation.

1. Enter the date that the following information is accurate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Do you receive any disability or unemployment insurance? Yes / No

If so, please describe and enter the amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have any income deductions other than federal or state taxes or FICA? Yes / No

If so, please describe and enter the amount:

Description Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

LIST OF ASSETS. Please list every item of property having any value over $100. Use these examples:

Homestead at 123 East 1st Ave., Anytown, Iowa. Value $194,000, Mortgage $121,000 – Joint Ownership

2012 Chevy Lumina, Value $12,000, Debt $8,000 – in husband’s name.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attach additional sheets if necessary.

**List of Expenses for Financial Affidavit**

**Household Expenses Amount Circle One Comments**

Association Fees $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electricity, Oil, Gas $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Payment or Rent $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Insurance $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawn Care $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate Taxes $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs and Maintenance $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snow Removal $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water, Garbage, Sewer $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal and Incidental Related Expenses**

Clothing (include children) $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club and Membership Dues $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cosmetics / Personal Grooming $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incidentals $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laundry and Dry Cleaning $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals and Food $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Care and Maintenance $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Expenses**

Car Insurance $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Maintenance / Repairs $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Payments $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Registration $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gas and Oil for Cars $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking Fees $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Expenses Amount Circle One Comments**

Dental and Orthodontia $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drugs, Prescription, Medicine $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical and Chiropractic $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optical and Optometrist $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unreimbursed medical $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Expenses**

Allowances, Books, Games $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes, Lessons, Tutors $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Activities/Supplies $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School lunches $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Events/Circumstances $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YMCA, Campfire, Preschool $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Expenses**

Disability Insurance $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Care**

Babysitting $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Care $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child and Spouse Support**

Child / Dependent Support $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Support $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recreation and Hobbies Amount Circle One Comments**

Books and Novels $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cable‑Satellite TV $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies (Sports and Crafts) $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Magazines $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Newspapers $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recreation and Entertainment $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donations and Gifts**

Donations $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gifts $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monetary, Legal and Banking Expenses**

Attorney and Broker Fees $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank and Investment Fees $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRA's $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Plans $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Preparation / Accounting $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous (Any Other Expenses)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Installments and Debts**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Y M W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_