STATE OF NORTH CAROLINA IN THE GENERAL COURT OF JUSTICE

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT COURT DIVISION

FILE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

, )

Plaintiff, ) **AFFIDAVIT OF FINANCIAL STANDING**

V. ) **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** |  |

|  |  |
| --- | --- |
| **MONTHLY NET INCOME** |  |

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) |  |

# 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)