

STATE OF NORTH CAROLINA
COUNTY OF _____

File No. _____
IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

Plaintiff

vs.

**AFFIDAVIT OF FINANCIAL STANDING
OF PARTY FROM WHOM
SUPPORT IS SOUGHT**

Defendant

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

1. That I have monthly and/or weekly income from the following sources and none other: *(Both columns are to be computed.)*

SOURCE OF INCOME

***MONTHLY**

***WEEKLY** *(Prorate if paid
monthly or semimonthly)*

Gross wages

Deductions:

State withholding

Federal withholding

Social Security

Retirement

Loans

Other *(itemize)*

Net wages

Business Profit

Commissions

Overtime

Interest

Dividends

Trust Fund

Social Security

Pension/Retirement

Rent

Bonuses

Medical Reimbursements

* Round off to nearest dollar.

SOURCE OF INCOME

***MONTHLY**

***WEEKLY** (Prorate if paid monthly or semimonthly)

Travel Expense Reimbursement

Gifts

Other (itemize)

TOTAL INCOME

2. That I have other assets as follows:

IRA Account

Stocks

Bonds

Savings Accounts

Certificates of Deposit

Real Estate

Vehicles

Boats

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

(If answer is "yes," list separately and specifically on a separate sheet to be attached.)

3. (a) Have you remarried?

(b) Is your present spouse (spouse now living with) employed?

(c) If employed, what is such spouse's net monthly income?

(d) Does this spouse receive support from a former spouse?

(e) If so, how much per month for herself/himself?

(f) How much per month for child(ren)?

Yes

Yes

\$

Yes

\$

\$

No

No

No

4. That my pay period is:

Weekly

Twice Monthly

Every other week

Monthly

Other (Explain)

5. That my total gross income from all sources for the previous calendar year was:

\$ _____

* Round off to nearest dollar.

6. That for tax purposes I claim _____ exemptions on my W-2 form (including myself).
7. That I am presently employed with *(name of employer)* _____ at *(place of employment)* _____, and I have been so employed since *(date)* _____. That I was employed with *(name of employer)* _____ at *(place of employment)* _____ prior to where I am now employed.
8. That I do do not have a second job. If “yes,” that second job is with *(name of employer)* _____ at *(place of employment)* _____, and I have worked there since *(date)* _____.
9. That I do not have any other income or employment other than as listed in this Affidavit
10. That I have have not received substantially the same income for the past 12 months. If not substantially the same, explain the reason for the change.

11. That true and accurate copies of all financial statements submitted by me to any lending institution in the past two years are attached to this Affidavit.
12. That since the date of separation from my spouse, I have provided support in the total sum of \$ _____ for my minor dependent child(ren) living with me.
13. That my own personal monthly financial needs and expenses while living separate and apart from the opposing party are as follows *(if all payments are not made by the month, list the average monthly cost for each or pro rata per month over a 12-month period of time)*:

NATURE OF EXPENSE PAID OR PAYABLE BY AFFIANT	*SELF	*() NO. OF MINOR CHILDREN	*ADULT CHILDREN AND OTHERS LIVING IN HOUSEHOLD	*MONTHLY TOTAL
Rent <i>(or house payment)</i>	_____	_____	_____	_____
Household maintenance or repairs	_____	_____	_____	_____
Household supplies	_____	_____	_____	_____

NATURE OF EXPENSE PAID OR PAYABLE BY AFFIANT	*SELF	*() NO. OF MINOR CHILDREN	*ADULT CHILDREN AND OTHERS LIVING IN HOUSEHOLD	*MONTHLY TOTAL
* Round off to nearest dollar.				
Utilities				
Heating (fuel oil)				
Water				
Electricity				
Telephone				
Gas for home				
Automobile payment				
Automobile maintenance				
Automobile gasoline				
Other transportation costs				
Food at home				
Food away from home (<i>including school lunches</i>)				
Clothing (<i>purchase</i>)				
Personal care (<i>grooming, laundry, dry cleaning, etc.</i>)				
Extracurricular activities (<i>recreation, entertainment, sports</i>)				
Medical expenses (<i>including doctors, hospital, dentist, drugs</i>) not paid by insurance				
Educational expenses (<i>including school supplies, fees, tuition</i>)				
Reading materials				
Tobacco and alcohol				
Club dues and expenses				
Cable TV				
Insurance:				
Hospitalization and medical				
Automobile				
Life				

NATURE OF EXPENSE PAID OR PAYABLE BY AFFIANT	*SELF	*() NO. OF MINOR CHILDREN	*ADULT CHILDREN AND OTHERS LIVING IN HOUSEHOLD	*MONTHLY TOTAL
* Round off to nearest dollar.				
Other (itemize)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Church pledge (including Sunday School)	_____	_____	_____	_____
Gifts	_____	_____	_____	_____
TOTAL MONTHLY (Children <i>et al</i> column)			\$ _____	
			**TOTAL BALANCE DUE (DEBTS)	
Debt payment	_____	_____	_____	_____
MasterCard	_____	_____	_____	_____
VISA	_____	_____	_____	_____
Checkloan	_____	_____	_____	_____
Credit Union Reserve	_____	_____	_____	_____
Other (Finance companies, banks, department stores)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL MONTHLY (Self)			\$ _____	
TOTAL MONTHLY (Minor Child(ren)			\$ _____	
(A total for adult children <i>et al</i> column is not required.)				
TOTAL BALANCE DUE (Debts)			\$ _____	
(A total for Monthly Total column is not required.)				

14. That the affiant needs from the opposing party for the support of the minor child(ren) the sum of \$ _____ monthly allocated on a pro rata basis of \$ _____ weekly. *(Based on 52 weeks rather than just four-week months.) (Applicable in alimony cases)*

15. That the affiant needs for her own support from the opposing party the sum of \$ _____ monthly allocated on a pro rata basis of \$ _____ weekly. *(Based on 52 weeks rather than just four-week months.) (Applicable in alimony cases)*

This the _____ day of _____, 2____.

Affiant

Subscribed and sworn to before me

This _____ day of _____, 2____.

Notary Public
My commission expires: _____

CERTIFICATE OF SERVICE

This is to certify that on the _____ day of _____, 2____, service of the foregoing Affidavit was made upon the opposing party by depositing same in the United States Mail, postage prepaid, an envelope enclosing said Affidavit, properly address to _____, the attorney for said opposing party.
