

VERIFIED FINANCIAL AFFIDAVIT: _____

EMPLOYMENT AND INCOME

OCCUPATION: _____

EMPLOYED BY: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

PAY PERIOD: _____

RATE OF PAY: _____

Bonuses, Commissions, Allowances,
Overtime, Tips and Similar Payments: \$ _____

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) \$ _____

Disability Benefits \$ _____

Workers' Compensation \$ _____

Unemployment Compensation \$ _____

Pension, Retirements or Annuity Payments \$ _____

Social Security Benefits \$ _____

Spousal Support received from previous marriage \$ _____

Interest and Dividends \$ _____

Rental Income (gross receipts minus ordinary
and necessary expenses required to produce
income) \$ _____

Income from royalties, trust or estates \$ _____

Reimbursed expenses and in kind payments to
the extent that they reduce personal living
expenses \$ _____

Gains derived from dealing in property (not
including non-recurring gains) \$ _____

Itemize any other income of a recurring nature \$ _____

TOTAL GROSS MONTHLY INCOME: \$ _____

LESS DEDUCTIONS:

Federal, state and local income taxes
(corrected for filing status and actual
number of withholding allowances) \$ _____ (per week)

FICA or self-employment tax
(annualized) \$ _____ (per week)

Mandatory Union Dues \$ _____

Mandatory Retirement \$ _____

Health Insurance Payments \$ _____

Court ordered payment for the
children actually paid \$ _____

TOTAL DEDUCTIONS \$ _____

TOTAL NET MONTHLY INCOME: \$ _____

AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

Mortgage or Rent Payments \$ _____

Property Taxes and Insurance \$ _____

Electricity \$ _____

Water, Garbage & Sewer \$ _____
Telephone \$ _____
Fuel Oil or Natural Gas \$ _____
Repairs and Maintenance \$ _____
Health \$ _____
Life \$ _____
Other Insurance \$ _____

**OTHER EXPENSES NOT LISTED
ABOVE:**

Lawn and Pool Care \$ _____
Pest Control \$ _____
Miscellaneous Household \$ _____
Food and Grocery Items \$ _____
Meal Outside Home \$ _____
Other: \$ _____
Beauty Care \$ _____
Dry Cleaning and Laundry \$ _____
Clothing \$ _____
Prescriptions \$ _____
Gifts and Holidays \$ _____

AUTOMOBILE:

Gasoline and Oil \$ _____
Repairs \$ _____
Vehicle Tags and License \$ _____

Car Payment \$ _____

Membership Dues \$ _____

PETS:

Grooming and Food \$ _____

Veterinarian \$ _____

Professional Dues \$ _____

Social Dues \$ _____

CHILDREN'S EXPENSES:

Nursery or Babysitting \$ _____

School Tuition \$ _____

School Supplies \$ _____

Lunch Money \$ _____

Allowance \$ _____

Clothing \$ _____

Medical/Dental/Prescriptions \$ _____

Vitamins \$ _____

Barber/Beauty Parlor \$ _____

Cosmetics and Toiletries \$ _____

ENTERTAINMENT:

Vacations \$ _____

Publications \$ _____

Church and Charities \$ _____

Miscellaneous \$ _____

Other Expenses: \$ _____

TOTAL EXPENSES \$ _____

PAYMENTS TO CREDITORS:

TO WHOM	BALANCE DUE	MONTHLY PAYMENT

TOTAL MONTHLY PAYMENTS TO CREDITORS: \$ _____

TOTAL MONTHLY EXPENSES \$ _____

ASSETS (OWNERSHIP: If Joint, Allocate Equally)

DESCRIPTION	VALUE	HUSBAND	WIFE
Cash (On hand or in Banks)			
Stocks/Bonds/Notes			
Real Estate: Home			
Automobiles			
Other Personal Property			

DESCRIPTION	VALUE	HUSBAND	WIFE
Jewelry			
Life Insurance (Cash Surrender Value)			
Other Assets			
TOTALS	\$	\$	\$

LIABILITIES:

CREDITOR	SECURITY	BALANCE	HUSBAND	WIFE
TOTALS	\$	\$	\$	\$

SIGNATURE PAGE OF AFFIANT TO FINANCIAL AFFIDAVIT:

NAME

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20__.

_____, Notary Public
 _____ County, South Carolina
 Acting in _____ County
 My Commission Expires: _____