

**Financial Affidavit
MONTHLY EXPENSES**

Client name: _____

Please enter an X on any estimated amounts.

HOUSEHOLD

Mortgage or rent payments	
Property taxes	
Insurance on residence	
Condominium maintenance fees and homeowners association fees	
Electricity	
Water, garbage and sewer	
Cellular Phone/iPad	
Fuel oil or natural gas	
Repairs and maintenance	
Lawn care	
Pool maintenance	
Pest control	
Misc. household	
Food and home supplies	
Meals outside of home	
Cable TV, Internet, Land phone line	
Alarm service contract	
Service contracts on appliances	
Maid service	

Other	

AUTOMOBILE

Gasoline and oil	
Repairs	
Auto tags and emission testing	
Insurance	
Payments (Lease or financing)	
Rental/replacements	
Alternative transportation (bus, rail, etc.)	
Tolls and parking	
Other	

CHILDREN COMMON TO BOTH PARTIES

Nursery, babysitting or daycare	
School tuition	
School supplies, books, and fees	
After school activities	
Lunch money	
Private lessons or tutoring	
Allowance	
Clothing and uniforms	
Entertainment (movies, parties, etc.):	
Health insurance	

Medical, dental, prescriptions (unreimbursed only)	
Psychiatric/psychological/counselor	
Orthodontic	
Vitamins	
Beauty parlor/barber shop	
Non-prescription medication	
Cosmetics, toiletries and sundries	
Gifts from children to others	
Camp or summer activities	
Clubs (Boys/Girl Scouts, etc.)	
Time-sharing expenses	
Miscellaneous	

CHILDREN FROM ANOTHER RELATIONSHIP

(Other than court-ordered child support):

INSURANCE

Health insurance, excluding portion paid for any minor children of this relationship	
Life insurance	
Dental insurance	
Other:	

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OTHER EXPENSES NOT LISTED ABOVE

Dry cleaning and laundry	
Clothing	
Medical, dental, prescriptions (unreimbursed only)	
Psychiatric/psychological/counselor	
Non-prescription medications, cosmetics, toiletries, and sundries	
Grooming	
Gifts	
Pet expenses	
Club dues and memberships	
Sports and hobbies	
Entertainment	
Periodicals/books/tapes/CDs:	
Vacations	
Religious Organizations	
Bank charges/credit card fees	
Education expenses	
Other	

MONTHLY PAYMENTS TO CREDITORS

(On outstanding balances, only if not paying off in full monthly)

Name of Creditor	Payment Amount