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FINANCIAL AFFIDAVIT WORKSHEET

IMPORTANT NOTE TO CLIENT: The purpose of this worksheet is to take a realistic look at your income, living expenses, liabilities and assets. There may be additional expenses that are particular only to you and not listed in the categories shown. Please include these when indicating your expenses (attach additional sheets if necessary and mark the section identification accordingly). You need only enter amounts in one of the 3 columns designated as Weekly/Monthly/Yearly. The computer program we use will calculate to a weekly figure for the final form. Also, please be sure to include as much detail as possible for each entry, and provide copies of certain documents where requested.

THANK YOU FOR YOUR COOPERATION.

FINANCIAL AFFIDAVIT WORKSHEET

Name: _____

Phone: Home _____ Work _____

Date Prepared by Client: _____

I. INCOME

Occupation: _____

Employer: _____

Address of Employer: _____

Phone of Employer: _____ Can you be reached at work? _____

Date Employment Commenced: _____

Indicate Your Pay Schedule:

_____ Weekly, _____ Bi-weekly, _____ Semi-Monthly, _____ Monthly

- **FYI: on a BI-WEEKLY schedule you receive a pay check every other week which equals 26 pay checks per year; OR on a SEMI-MONTHLY schedule you receive two pay checks per month which equals 24 pay checks per year. PLEASE BE SURE TO INDICATE PAYMENT SCHEDULE BELOW.**
- **IMPORTANT: PLEASE PROVIDE COPIES OF YOUR LAST 2-3 PAY STUBS OR WAGE STATEMENTS SHOWING INCOME AND DEDUCTION DETAILS.**

A. Gross Income: (indicate schedule based on examples above):

\$ _____ Weekly, Bi-Weekly, Semi-Monthly, Monthly
(Circle one)

B. Deductions:

	Weekly	Monthly	Yearly
• Federal Income Tax	_____	_____	_____
• State Income Tax	_____	_____	_____
• FICA/Social Security	_____	_____	_____
• Medicare	_____	_____	_____
• Medical Insurance: Does your employer pay? ____ Yes ____ No ____ Part If No or Part , amount you deduct: _____ Deduction is (circle one): Pre-tax or Post-Tax			
• Dental Insurance: Does your employer pay? ____ Yes ____ No ____ Part If No or Part , amount you deduct: _____ Deduction is (circle one): Pre-tax or Post-tax			
• Retirement Plan(s) Deduction is (circle one): Pre-tax or Post-tax			
• Specify type of plan(s): _____			
• Life Insurance	_____	_____	_____
• Union Dues	_____	_____	_____
• Other _____	_____	_____	_____
• Other _____	_____	_____	_____

	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>
C. <u>Income From Other Sources</u>			
Wages	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Rent(s)	_____	_____	_____
Commission(s)	_____	_____	_____
Social Security	_____	_____	_____
Other (identify)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Deductions (identify)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. WEEKLY EXPENSES

IF YOU ARE GIVING YOUR SPOUSE AN AMOUNT IN CASH TO COVER ANY EXPENSES INSTEAD OF PAYING THAT EXPENSE DIRECTLY PLEASE INDICATE HERE THE AMOUNT OF THE PAYMENT AND THE PURPOSE (e.g., for groceries):

A. Household

Mortgage	_____	_____	_____
Rent	_____	_____	_____
Home Equity Loan	_____	_____	_____
Condo Fees/Assessments	_____	_____	_____
Homeowners' Insurance	_____	_____	_____
(Note: do not list here if insurance is included in your mortgage payments)			
Renters' Insurance	_____	_____	_____
Real Estate Taxes	_____	_____	_____
(Note: do not list here if taxes are included in your mortgage payments)			
Home Heating Oil	_____	_____	_____
Electricity	_____	_____	_____
Natural Gas	_____	_____	_____
Water	_____	_____	_____
Sewer Taxes	_____	_____	_____
Septic Service (private)	_____	_____	_____
Telephone Service	_____	_____	_____
Cell Phone Service	_____	_____	_____
	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>

Household Expenses continued

Trash Collection (private)	_____	_____	_____
Cable TV	_____	_____	_____
Maintenance & Repairs	_____	_____	_____
Security/Alarm Service	_____	_____	_____
Housecleaning/Domestic Help	_____	_____	_____
Pool Service & Maintenance	_____	_____	_____
Lawn Care &/or Landscaping	_____	_____	_____
Snow Plowing	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Food

Groceries (meats, produce, staples)	_____	_____	_____
Meals outside home	_____	_____	_____

C. Transportation

Gas	_____	_____	_____
Maintenance & Repairs (includes oil changes & routine maintenance)	_____	_____	_____
Auto Loan	_____	_____	_____
Auto Lease	_____	_____	_____
Public Transportation	_____	_____	_____
Parking and/or Tolls	_____	_____	_____
Auto Registration(s) (indicate # of vehicles _____)	_____	_____	_____
Driver's License (valid for _____ yrs.)	_____	_____	_____
Emissions Inspection (valid for _____ yrs.)	_____	_____	_____
Auto (Personal Property) Taxes	_____	_____	_____
Automobile Service Club (AAA or other)	_____	_____	_____
Automobile Insurance (indicate # of vehicles covered (_____))	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____

	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>
D. <u>Children's Expenses</u>			
Day Care (while parent working)	_____	_____	_____
Babysitters (after work hours)	_____	_____	_____
Clothing, Footwear & Outerwear	_____	_____	_____
Personal Grooming (haircuts, etc.)	_____	_____	_____
School Tuition or Registration	_____	_____	_____
School Books & Supplies	_____	_____	_____
School Uniforms	_____	_____	_____
School Transportation	_____	_____	_____
Private Lessons or Tutoring	_____	_____	_____
School Lunches	_____	_____	_____
Allowances	_____	_____	_____
Entertainment	_____	_____	_____
Vacation (if other than family vacation)	_____	_____	_____
Summer Camp/Club	_____	_____	_____
Sports Activities (specify whether equipment, fees, travel expenses or other)	_____	_____	_____
Medical co-pays	_____	_____	_____
Dental co-pays	_____	_____	_____
Prescriptions & OTC Meds (OTC = over the counter)	_____	_____	_____
Mental Health co-pays (specify whether psychologist, psychiatrist, therapist or other)	_____	_____	_____
Eyecare &/or Eyewear	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____

E. <u>Personal Expenses</u>			
Clothing & Footwear (includes dry cleaning expenses)	_____	_____	_____
Personal Grooming (haircuts, etc.)	_____	_____	_____
Lunches/Meals at work	_____	_____	_____
Education/Tuition	_____	_____	_____
Entertainment (excluding children)	_____	_____	_____
Vacation (family or individual)	_____	_____	_____
Travel (other than vacation)	_____	_____	_____
Membership (specify type, i.e., fitness club, etc.)	_____	_____	_____
Life Insurance (any amount paid by you and not deducted from wages, or paid for by employer)	_____	_____	_____
Pension Contribution (any amount paid by you and not deducted from wages)	_____	_____	_____
Alimony (Court ordered)	_____	_____	_____
Child Support (Court ordered)	_____	_____	_____

	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>
Personal Expenses continued:			
Medical co-pays	_____	_____	_____
Dental co-pays	_____	_____	_____
Prescriptions & OTC Meds (OTC = over the counter)	_____	_____	_____
Mental Health co-pays (specify whether psychologist, psychiatrist, therapist or other)	_____	_____	_____
Eyecare &/or Eyewear	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____

F. Miscellaneous

Charitable Contributions (include church, organizations, etc.)	_____	_____	_____
Holidays	_____	_____	_____
Birthdays	_____	_____	_____
Newspapers	_____	_____	_____
Magazines/Periodicals	_____	_____	_____
Pet Care & Supplies	_____	_____	_____
Sundries (miscellaneous personal &/or household items)	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. LIABILITIES

PLEASE INDICATE IN LAST COLUMN WHETHER ANY CHARGES ON THE ACCOUNTS LISTED BELOW COVER ANY OF THE EXPENSES LISTED ABOVE (attach extra sheet if necessary).

Creditor Name	Balance Due as of (date)	Monthly Payment	Expenses Covered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Please include a copy of your most recent billing statement(s) if available, and provide credit card account number(s). Also, indicate whether card(s) is solely in your name, in both names (jointly), or only in your spouse's name (in which case it may or may not appear on your financial affidavit depending upon our discussions). BUT WE DO REQUIRE THE INFORMATION IN ANY EVENT.

IV. ASSETS: PLEASE INDICATE WHETHER EACH ASSET IS HELD JOINTLY OR IN YOUR SOLE NAME; & PROVIDE A COPY OF THE CONVEYANCE DEED OR MORTGAGE DEED FOR EACH PROPERTY.

A. Real Property

Home Address _____

Value (est.): _____ Mortgage Bal. _____ Equity _____

Mortgagee: _____

Home Equity Loan or Line of Credit: _____ (initial amount)

Outstanding balance: _____ as of _____

Title in Name(s) of _____

Jointly _____ Solely _____ Other _____

Other Address _____

Value (est.): _____ Mortgage Bal. _____ Equity _____

Mortgagee: _____

Home Equity Loan or Line of Credit: _____ (initial amount)

Outstanding balance: _____ as of _____

Title in Name(s) of _____

Jointly _____ Solely _____ Other _____

Please indicate the name of the lending institution(s) that holds your mortgage(s) and/or equity line(s) and the account numbers associated with each.

B. Motor Vehicles

Vehicle #1: Year _____ Make _____ Model _____

Value _____ Loan Bal. _____ Equity _____

Title in Name(s) of _____

Mileage: _____

Vehicle #2: Year _____ Make _____ Model _____

Value _____ Loan Bal. _____ Equity _____

Title in Name(s) of _____

Mileage: _____

Vehicle #3: Year _____ Make _____ Model _____

Value _____ Loan Bal. _____ Equity _____

Title in Name(s) of _____

Mileage: _____

Vehicle #4: Year _____ Make _____ Model _____

Value _____ Loan Bal. _____ Equity _____

Title in Name(s) of _____

Mileage: _____

NOTE: Please provide a copy of the Title Certificate or Registration for each vehicle listed above.

C. Bank Accounts: Indicate type of account (savings, checking or other), whether held jointly or solely, name of banking institution, account number(s), current balance(s).

D. Other Personal Property: Describe each item and list value, if known (i.e., household furniture, electronics, jewelry, collectibles, artwork, etc.)

E. Stocks, Bonds, Mutual Funds: Indicate company name, type of account, whether held jointly or solely, # of shares, value per share, date of valuation, share/certificate holder's name.

F. Pension and Retirement Plans: Indicate type of plan (i.e., profit-sharing, deferred compensation, pension, retirement account, IRA, 401(k), annuity, or other)

Type _____ Value _____ Loan(s) _____
Vested? _____ When? _____

Type _____ Value _____ Loan(s) _____
Vested? _____ When? _____

Type _____ Value _____ Loan(s) _____
Vested? _____ When? _____

Type _____ Value _____ Loan(s) _____
Vested? _____ When? _____

G. Life Insurance: (excluding children)

Company (Carrier) Name: _____

Name(s) of Insured: _____

Beneficiary: _____

Type of policy (Term or Whole Life): _____

Face Amount of Policy: _____

Cash Value for Whole Life: _____

Loan Amount (if any): _____

PREMIUM – IF PAID BY YOU: _____

NOTE: Do not indicate premium here if listed as Wage Deduction or paid by employer.

H. Health Insurance:

Company (Provider) Name: _____

Address: _____

Policy Number: _____

Name(s) of Insured: _____

PREMIUM – IF PAID BY YOU: _____

If so, how much of premium is for you _____

If so, how much of premium is for others _____

NOTE: Do not indicate premium here if listed as Wage Deduction or paid by employer.

ARE YOU AND/OR ANY MEMBER OF YOUR FAMILY COVERED BY HUSKY INSURANCE: Yes _____ No _____

IF YES, INDICATE AMOUNT YOU PAY: _____

CHECK HERE IF YOU DO NOT PAY ANYTHING: _____

FAMILY MEMBERS COVERED: _____

I. All Other Assets: Describe each item and list estimated value.

