

STATEMENT OF MONTHLY INCOME

Gross income from all sources last calendar year: \$ _____

Gross income from all sources year to date, through _____ (date): \$ _____

Gross monthly income (if paid weekly, multiply by 4.33; if paid bi-weekly multiply by 2.17):

Salary: \$ _____ Overtime: \$ _____

Bonus: \$ _____ Draw: \$ _____

Disability: \$ _____ Social Security: \$ _____

Unemployment: \$ _____ Rental income \$ _____

Public Aid \$ _____ Investment \$ _____

Business: \$ _____ Partnership: \$ _____

Maintenance: \$ _____ Other: \$ _____

Total gross monthly income: \$ _____

Additional:

Child support: \$ _____

Statutory deductions:

Federal tax: \$ _____

State tax \$ _____

Social Security: \$ _____

Medicare \$ _____

Mandatory retirement contributions: \$ _____

Medical insurance: \$ _____

Union dues \$ _____

Prior obligations of child support actually being paid: \$ _____

Other (specify) _____ \$ _____

Total required deductions from monthly income \$ _____

STATEMENT OF MONTHLY LIVING EXPENSES as of _____

(Do not duplicate, list only under one category)

1. Household expenses

Mortgage/rental (circle one) \$ _____

Statement of Income and Expenses, Assets and Debts

Page 3 of 6

- a. Home equity loan/second mortgage \$ _____
- b. Real estate taxes \$ _____
- c. Homeowners or renter's insurance \$ _____
- d. Heat/fuel \$ _____
- e. Electricity \$ _____
- f. Telephone \$ _____
- g. Cell phone \$ _____
- h. Cable television \$ _____
- i. Water and sewer \$ _____
- j. Computer/internet \$ _____
- k. Garbage removal \$ _____
- l. Laundry/dry cleaning \$ _____
- m. Household maintenance \$ _____
- n. Food and household supplies \$ _____
- o. Eating out \$ _____
- p. Other (specify) _____ \$ _____

Total household expenses: \$ _____

2. Transportation (number of vehicles _____)

- a. Insurance/license \$ _____
- b. Gasoline \$ _____
- c. Repairs \$ _____
- d. Other transportation \$ _____

Total transportation expenses: \$ _____

3. Personal

Clothing \$ _____

- a. Grooming (hair care/cosmetics/etc.) \$ _____
- b. Medical (after insurance)
 - i. Doctor \$ _____
 - ii. Dentist \$ _____
 - iii. Prescribed medicine \$ _____
 - iv. Counseling \$ _____

- c. Life insurance premiums \$ _____
- d. Medical insurance (not withheld from pay) \$ _____
- e. Dental insurance (not withheld from pay) \$ _____
- Total personal expenses** \$ _____

4. Miscellaneous

- a. Clubs/entertainment \$ _____
- b. Newspapers/magazines \$ _____
- c. Gifts \$ _____
- d. Donations \$ _____
- e. Vacations \$ _____
- f. Voluntary contributions to retirement pension \$ _____
- g. Other (specify) _____ \$ _____
- \$ _____
- Total miscellaneous expenses** \$ _____

5. Children's separate expenses (identify special needs)

-
- a. Clothing \$ _____
 - b. Grooming \$ _____
 - c. Education
 - i. Tuition \$ _____
 - ii. Books/fees \$ _____
 - iii. Lunches \$ _____
 - iv. Transportation \$ _____
 - v. Activities \$ _____
 - d. Allowance \$ _____
 - e. Child care/before and after school care \$ _____
 - f. Lessons and supplies \$ _____
 - g. Summer camps \$ _____
 - h. Vacation \$ _____
 - i. Entertainment \$ _____

j. Other (Specify) _____ \$ _____

Total children separate expenses \$ _____

TOTAL MONTHLY LIVING EXPENSES \$ _____

STATEMENT OF DEBTS – use additional sheets if necessary

Creditor	Purpose	Balance due	Monthly payment

STATEMENT OF ASSETS (use additional sheets if necessary)

Real estate:

Address	Ownership	Possessed by	Value

Motor vehicles

Vehicle	Ownership	Possessed by	Value

Retirement accounts

Plan name	Type of plan	Ownership	Value

Bank/credit union accounts

Bank	Type of account	Ownership	Balance

Life insurance

Company	Death benefit	Owner	Beneficiary	Whole/term	Value

Other assets

Description	Ownership	Possessed by	Value

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned hereby certifies that the statements set forth in the foregoing Affidavit are true and correct.

Date:

_____ Affiant