

**A.C.T. ~ FOR THE CHILDREN
FINANCIAL DISCLOSURE AFFIDAVIT
IN SUPPORT OF SCHOLARSHIP APPLICATION**

(Check applicable court below)

- FAMILY COURT OF THE STATE OF NEW YORK
 SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

| | | |
|-------------|---------------------------|-----------------------------------|
| | Petitioner / Plaintiff | Docket / Case Number _____ |
| - against - | | |
| | Respondent / Defendant | |

NOTICE: You are required to attach to this form a current and representative paycheck stub **OR** a copy of the W-2 Wage and tax statement(s) that was submitted with your most recent State and Federal Income Tax returns, **OR** pages 1 and 2 of the most recently filed Federal Income Tax return.

STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I, _____, being duly sworn, depose and say that the
(insert your name)

following is an accurate statement of my income from all sources:

I. Annual Income from all sources: _____

a. **Wages and Salaries** as reportable on Federal and State Income Tax Returns (attach recent pay stub or W-2) :

1. Employer's name & address : _____

Employer's telephone number: _____

2. Weekly gross salary / wages: _____

NOTE: ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES

b. **Self-Employment Income** (Describe and list self-employment income; attach Schedule C and pages 1 and 2 of the most recently filed Federal and State income tax returns to this form):

c. **Interest / Dividend Income:** _____

d. **Other Income:**

1. Workers Compensation _____

2. Disability Benefits _____

3. Unemployment Benefits _____

4. Social Security Benefits _____

5. Veterans Benefits _____

6. Pensions and Retirement Benefits _____

7. Fellowships / Stipends / Annuities _____

3. Number of members in your household, including yourself, for whom you are financially responsible: _____

Note: Must be signed before a Notary Public _____
(Signature)

Daytime telephone number: _____

Sworn to before me this _____ day of _____, 20__.

Notary Public in the State of New York
County of _____

Commission Expires _____