

**FINANCIAL DISCLOSURE AFFIDAVIT (08/11)**  
**Family Court of the State of New York – County of Westchester**

Instructions: Complete this form **prior** to the court appearance date and have your signature **notarized**. Attach the following to this form: **ONE (1)** original and **TWO (2)** copies of this **financial affidavit form**, plus **TWO (2)** copies of your most recent **Federal Tax Return** and **TWO (2)** copies of **3 recent paycheck stubs** representative of your current average salary. Please keep a copy of this financial affidavit for your own records and **keep your original tax returns and pay stubs**. The court will **not** provide copies on the hearing day. **Please be sure to black out confidential addresses, date of birth (DOB) and/or social security number information on all copies of documents submitted and/or request a redaction from the Court on all previous forms submitted containing confidential address, DOB and social security number(s).**

<b>CASE FILE INFORMATION</b>	File #:	Docket #:	
	Name:		[ ] Petitioner [ ] Respondent
	Street Address:		Home Tel:
	City, State:	ZIP:	Bus. Tel:

<b>INCOME</b>	Employer/Company Name:			# of hours worked per week:	Check here if self employed:	
	Address:			<b>1</b> GROSS WEEKLY SALARY/WAGES:		
	<b>Deductions</b>	Soc. Sec.:	Health Insurance:	State Tax:	<b>2</b> TOTAL PAYROLL DEDUCTIONS:	
		Fed. Tax:	Other payroll deductions:	NYC/Yonkers Income Tax:		
	Subtract box <b>2</b> from box <b>1</b> →			<b>3</b> NET WEEKLY SALARY/WAGES:		
	<b>Income from other sources</b>	Second Job:	Pensions/Retirement Benefits:	Workers Compensation:	<b>4</b> TOTAL OTHER SOURCES:	
		Tips:	Social Security Benefits:	Veterans Benefits:		
		Rents:	Unemployment:	Fellowships/Stipends/Annuities:		
		Public Assistance:	Food Stamps:	Supplemental Security Income (SSI):		
		Dividends:	Disability:	Self Employment Income:		
<b>Income from other household members</b>	Specify:	\$	<b>5</b> TOTAL OTHER MEMBERS:			
	Specify:	\$				
(Add lines <b>3</b> , <b>4</b> and <b>5</b> ) →			<b>6</b> TOTAL WEEKLY INCOME:			
Number of dependents:						
Enter total taxable income declared on last Federal Tax Return:			Are you eligible for Employer-provided Health Insurance?			

<b>ASSETS</b>	<b>Residence Owned</b>	Address:			
		Estimated Market Value:	Mortgage Owed:		
	<b>Other Real Property</b>	Address:			
		Estimated Market Value:	Mortgage Owed:		
	<b>Other Property</b>	Description:			
		Estimated Market Value:	Mortgage Owed:		
	<b>Bank/Brokerage Accounts</b>	Bank Name:	[ ] Checking [ ] Savings	Balance:	
		Bank Name:	[ ] Checking [ ] Savings	Balance:	
		Bank Name:	[ ] Checking [ ] Savings	Balance:	
	<b>Vehicle(s)</b>	Make and Model:	Year:	Value:	
Make and Model:		Year:	Value:		
Make and Model:		Year:	Value:		
Driver's, professional, recreational, sporting and other licenses and permits held (Provide name of issuing agency, license number and attach a copy if possible)					
List below all assets transferred in any manner during preceding three years or length of marriage, whichever is shorter.					
Description of Property:		To whom transferred:	Date of transfer:	Value:	
Description of Property:		To whom transferred:	Date of transfer:	Value:	

**EXPENSES**

You may elect to list all expenses on a **weekly** or **monthly** basis, however, **you must be consistent**. For items paid on a monthly basis, divide by 4.3 to obtain weekly payment. For items paid on a weekly basis, multiply by 4.3 to obtain monthly payment.

Check one:  
 Monthly  
 Weekly

**YOU ARE REQUIRED TO PROVIDE INFORMATION RELATING TO ALL INSURANCE PLANS AVAILABLE TO YOU FOR THE PROVISION OF INSURANCE, HEALTH CARE, DENTAL CARE, OPTICAL CARE, PRESCRIPTION DRUG AND OTHER PHARMACEUTICAL AND OTHER HEALTH-RELATED BENEFITS FOR THE CHILD(REN) FOR WHOM SUPPORT IS SOUGHT.**

<b>Rent/Mortgage</b> →				
<b>Real Estate Taxes (if not included in mortgage payment)</b> →				
<b>Home Insurance (if not included in mortgage payment)</b> →				
<b>Utilities</b>	Heat:	Electric:		Total Utilities:
	Gas:	Telephone:		
	Water:	Trash:		
	Self:		Children (incl. lunches):	
<b>Food</b>	Child:	Provider:	Amount:	Total Childcare:
	Child:	Provider:	Amount:	
	Child:	Provider:	Amount:	
<b>Childcare</b>	Self:		Children:	Total Clothing
<b>Clothing</b>	Self:		Children:	Total Laundry:
<b>Laundry</b>	Life:		Auto:	Total Insurance:
<b>Insurance</b>	Accident:		Other:	
Balance due on auto loan/lease:		<b>Auto Payment</b> →		
<b>Transportation</b>	Public:		Gas/Oil:	Total Transportation:
	Maintenance:		Other:	
Tuition (Specify):				→
<b>Alimony or maintenance</b> →				
<b>Child support/previous marriage</b> →				
<b>Other expenses (specify)</b>				
<b>Health Insurance</b> [ ] check if payroll deduction	Provider/Plan name:			Total Health Insurance:
	Policy #:	Address:		
<b>Dental Insurance</b> [ ] check if payroll deduction	Provider/Plan name:			Total Dental Insurance:
	Policy #:	Address:		
<b>Other Insurance</b>	Provider/Plan name:			Total Other Insurance:
	Policy #:	Address:		
<b>TOTAL EXPENSES</b> →				

<b>LIABILITIES, LOANS &amp; DEBTS</b> (Attach separate sheet if necessary)	Owed to:	Date Incurred:	Monthly Payment:
	Purpose:	Balance Due:	
	Owed to:	Date Incurred:	Monthly Payment:
	Purpose:	Balance Due:	
	Owed to:	Date Incurred:	Monthly Payment:
	Purpose:	Balance Due:	
<b>TOTAL MONTHLY PAYMENTS</b> →			

**VERIFICATION, SIGNATURE & NOTARIZATION**

I, \_\_\_\_\_, being duly sworn, depose and say that the foregoing is an accurate statement of my net worth (assets of whatsoever kind and nature and wherever situated, and my liabilities), and statement of income from all sources and statement of assets transferred of whatsoever kind and nature and wherever situated.

X: \_\_\_\_\_  
 (Sign your name)

Sworn to before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public or (Deputy) Clerk of the Court

Unless the court makes a finding the non-custodial parent's share is unjust or inappropriate, the child support percentages to be applied to gross income are as follows: 17%-one child; 25%-two children; 29%-three children, 31%-four children and no less than 35% for five or more children.

Any variances to the percentages shall be based on the following factors:

- The financial resources of the parents and of the child.
- The physical and emotional health of the child and any special needs/aptitudes.
- The standard of living the child would have enjoyed had the marriage or household not been dissolved.
- The tax consequences to the parties.
- Any non-monetary contributions the parent will make toward the care and well being of the child.
- The educational needs of either parent.
- A determination that the gross income of one parent is substantially less than that of the other parent.
- The needs of the children of the non-custodial parent for whom the non-custodial parent is providing support, who are not a subject of the instant matter.
- Provided the child is not on public assistance, extraordinary expenses incurred by the non-custodial parent in exercising visitation.
- Any other factors the court determines are relevant in each case.

NOTE: For more complete and statutory language see the Family Court Act 413(1) and the Domestic Relations Law 236-B and 240.