

Post Separation/Alimony Financial Affidavit

STATE OF NORTH CAROLINA <input type="checkbox"/> Montgomery County <input type="checkbox"/> Moore County <input type="checkbox"/> Randolph County	In The General Court of Justice District Court Division Family Court
Plaintiff:	<i>File No.</i>
VERSUS	POST SEPARATION SUPPORT/ALIMONY FINANCIAL AFFIDAVIT
Defendant:	

The Undersigned Plaintiff Defendant, having been first duly sworn as to the truthfulness and completeness of this Affidavit, deposes and says:

My average monthly financial needs and my average monthly income, while living separate and apart from my spouse, are as follows:

A. Individual Needs	Self	Child(ren)	Total
1. Groceries & Household Goods			
2. Food (School/Work lunches)			
3. Clothing			
4. Personal Care (includes laundry, dry cleaning, cosmetics, grooming)			
5. Recreation/Entertainment			
6. Activities (Sports, Clubs)			
7. Medical & Dental Insurance (if not withheld from earnings)			
8. Uninsured Medical & Dental expenses			
9. Child care			
10. Educational expenses (includes school supplies)			
11. Donations, dues & charity			
12. Magazines, newspapers, books, etc.			
13. Gifts – birthday, wedding, anniversaries, funeral			
14. Car – gas & maintenance			
15. Other (Itemize)			
16.			
17.			
18.			
19.			
20.			
21. Totals of Individual Needs (Also put Totals on line 53)			
B. Fixed Expenses: How much do you allocate for:	Self	Child(ren)	Total
22. Rent or house payment			
23. Property tax (excluded above)			
24. Homeowner's or Renter's insurance			
25. Household maintenance and repair			

26. Yard Maintenance			
27. Electricity			
28. Water			
29. Heat (gas, fuel oil, etc.)			
30. Telephone			
31. Car payment			
32. Car insurance			
33. Other: (Itemize)			
34.			
35.			
36.			
37.			
38. Totals of Fixed Expenses (Also put totals on line 54)			
C. Debt Payments (Itemize)			
To Whom Owed		Balance	Monthly Payments
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			
51. Totals of Fixed Expenses (Also put on line 55)			
52. Total Average Monthly Needs	Self	Child(ren)	Total
53. Totals of Individual Needs (Line 21)			
54. Total of Fixed Expenses (Line 38)			
55. Total Monthly Debt payment (Line 51)		No debt payments can be allocated to children.	
56. Total Average Monthly Needs (Add lines 53, 54 and 55)			
D. Income			
57. Wages			
58. Overtime			
59. Commissions			

60. Bonuses	
61. Interest	
62. Dividends	
63. Trust Fund	
64. Social Security	
65. Pension or Military Retirement	
66. Business Profit	
67. Other	
68.	
69.	
70.	
71.	
72. Total: Add lines 57 through 71 (Also put this figure on line 77)	
73. I am employed at _____	
74. I have been employed there since: _____ (date). If not now employed, my last regular job was at: _____ and I worked there until: _____ (date).	
75. I <input type="checkbox"/> have <input type="checkbox"/> have not received substantially the same income for the past 12 months. If not substantially the same, explain the reason for the change. _____	
76. I <input type="checkbox"/> do <input type="checkbox"/> do not have a second job. If you do have a second job: Employer: _____ Rate of pay: _____ Total monthly income from second job: _____	
77. Income from line 72:	
78. Total Monthly Income (Add lines 76 and 77):	
Date	Signature of Affiant
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
SWORN AND SUBSCRIBED BEFORE ME THIS DATE	(Seal)
Notary Public	
My Commission Expires	