

FINANCIAL AFFIDAVIT

ASSETS

Employed? Yes ___ No ___
 Name/Address _____

 Monthly Income: \$ _____
 If No, month and year of last employment _____
 Monthly Income at that time? \$ _____
 Spouse Employed? Yes ___ No ___ N/A ___
 Spouse Monthly Income? \$ _____
 If under 21, Parents Monthly Income \$ _____

 Total Household Income? \$ _____
 Other Income within Last 12 months?

 (rent, interest, retirement, SSI, SRS)

Cash on Hand? \$ _____
 Savings Account(s)? \$ _____
 Checking Account(s)? \$ _____
 Where are these accounts? _____

Stocks/Bonds? \$ _____
 IRA's? \$ _____
 Real Estate? Yes ___ No ___
 Address _____
 Value? \$ _____
 Down Payment \$ _____
 Equity? \$ _____

Personal Property? \$ _____

 (Jewelry/Tools/Collections, etc.) _____
 Life Insurance - Cash Value? \$ _____
 Other Assets? \$ _____

Auto: Make _____ Model _____ YR _____
 Value? \$ _____
 Auto: Make _____ Model _____ YR _____
 Value? \$ _____
 Auto: Make _____ Model _____ YR _____

DEBTS/LIABILITIES

Loans Outstanding? Yes ___ No ___
 Institution? _____
 Purpose? _____
 Original Loan? \$ _____
 Current Balance? \$ _____
 Monthly Payment? \$ _____
 Institution? _____
 Purpose? _____
 Original Loan? \$ _____
 Current Balance? \$ _____
 Monthly Payment? \$ _____
 Auto Loans? Yes ___ No ___
 Original Loan? \$ _____
 Current Balance? \$ _____
 Monthly Payment? \$ _____
 Auto Loans (#2)? Yes ___ No ___
 Original Loan? \$ _____
 Current Balance? \$ _____
 Monthly Payment? \$ _____
 Credit Cards? Yes ___ No ___
 Name _____ Balance: \$ _____
 Name _____ Balance: \$ _____
 Name _____ Balance: \$ _____
 Name _____ Balance: \$ _____
 Alimony? \$ _____ Per Month
 Arrearage? Yes ___ No ___
 Amount? \$ _____
 Child Support? \$ _____ Per Month
 Child Support? \$ _____ Per Month
 Arrearage? Yes ___ No ___
 Amount? \$ _____
 Medical Bills? \$ _____
 Any other Debts or Liabilities? _____

Monthly Expenses:

Rent/Mortgage: \$ _____
 Electric: \$ _____
 Heating Oil/Gas \$ _____
 Water/Sewer/Trash \$ _____
 Telephone \$ _____
 Cable TV \$ _____
 Food \$ _____
 Auto Repairs \$ _____
 Gasoline \$ _____
 Health Insurance \$ _____
 Life Insurance \$ _____
 Home/Rent Insurance \$ _____
 Medical \$ _____
 Clothing \$ _____
 Credit Card \$ _____
 Court Fines/Restitution \$ _____
 Other \$ _____
 Other \$ _____
 Other \$ _____
TOTAL EXPENSES \$ _____

TOTAL INCOME: \$ _____

I certify the above to be correct.

 SIGNATURE OF THE DEFENDANT DATE: _____

WARNING: A false or dishonest answer to a question in this affidavit may be punishable by fine or imprisonment, or both.

 U.S. PROBATION OFFICER DATE: _____