



Number of Exemptions claimed: \_\_\_\_\_

Number of Dependents claimed: \_\_\_\_\_

Gross Income from all sources last year: \_\_\_\_\_

Gross Income from all sources this year through \_\_\_\_\_ : \$ \_\_\_\_\_

## STATEMENT OF INCOME

### Gross Monthly Income

Salary/Wages/Base Pay	\$
Overtime/Commission	\$
Bonus	\$
Draw	\$
Pension and Retirement Benefits	\$
Annuity	\$
Interest income	\$
Dividend income	\$
Trust income	\$
Social Security	\$
Unemployment benefits	\$
Disability payment	\$
Worker's Compensation	\$
Public Aid/Food Stamps	\$
Investment income	\$
Rental income	\$
Business income (including non-taxable distributions)	\$
Partnership income	\$
Royalty income	\$
Fellowship/stipends	\$
Other income (specify):	\$

**TOTAL GROSS MONTHLY INCOME:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

### ADDITIONAL CASH FLOW (Monthly)

<b>Spousal support received (specify)</b>	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in another case	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in this case	\$
<input type="checkbox"/> Voluntarily paid in this case	\$
<b>Child Support received (specify)</b>	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in another case	\$
<input type="checkbox"/> Pursuant to a prior judgment or order in this case	\$
<input type="checkbox"/> Voluntarily paid in this case	\$

**TOTAL ADDITIONAL CASH FLOW:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

## REQUIRED MONTHLY DEDUCTIONS

Federal Tax (based on _____ exemptions)	\$
State Tax (based on _____ exemptions)	\$
FICA ( or Social Security equivalent)	\$
Medicare Tax	\$
Mandatory retirement contributions required by law or as a condition of employment	\$
Union Dues (Name of Union: _____)	\$
Health/hospitalization Premiums	\$
Prior obligation(s) of support actually paid pursuant to Court order	\$
Other (specify):	\$

**Total Required Deductions from Income:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

## NET MONTHLY INCOME:

\$ _____	\$ _____
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## STATEMENT OF MONTHLY LIVING EXPENSES

### 1. Household

a. Mortgage or rent (specify)	\$
b. Home equity loan payment	\$
c. Real estate taxes, assessments	\$
d. Homeowners or renters insurance	\$
e. Heat/fuel	\$
f. Electricity	\$
g. Telephone (include long distance)	\$
h. Water and Sewer	\$
i. Refuse removal	\$
j. Laundry/dry cleaning	\$
k. Maid/cleaning service	\$
l. Furniture and appliance repair/replacement	\$
m. Lawn and garden care/snow removal	\$
n. Food (groceries, household supplies, etc.)	\$
o. Liquor, beer, wine, etc.	\$
p. Other (specify)	\$

**SUBTOTAL HOUSEHOLD EXPENSES** \$ \_\_\_\_\_ \$ \_\_\_\_\_

### 2. Transportation

a. Fuel	\$
b. Repairs/maintenance	\$
c. Insurance/license/city stickers	\$
d. Payments/replacement	\$
e. Other (specify)	\$

**SUBTOTAL TRANSPORTATION EXPENSES** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**3. Personal**

a. Clothing	\$
b. Grooming	\$
c. Medical (after insurance proceeds/reimbursement)	\$
(1) Doctor	\$
(2) Dentist	\$
(3) Optical	\$
(4) Medication	\$
d. Insurance	\$
(1) Life – Term/Whole (specify)	\$
(2) Medical/Hospitalization	\$
(3) Dental/optical	\$
e. Other (specify)	\$
<b>SUBTOTAL PERSONAL EXPENSES:</b>	<b>\$ _____ \$ _____</b>

**4. Miscellaneous:**

a. Clubs/social obligations/entertainment	\$
b. Newspapers, magazines, books	\$
c. Gifts	\$
d. Donations, church or religious affiliations	\$
e. Vacations	\$
f. Other (specify)	\$
<b>SUBTOTAL MISCELLANEOUS EXPENSES</b>	<b>\$ _____ \$ _____</b>

**5. Expenses of Minor and/or Dependent Children of this Marriage:**

a. Clothing	\$
b. Grooming	\$
c. Education	
(1) Tuition	\$
(2) Books/Fees	\$
(3) Lunches	\$
(4) Transportation	\$
(5) Medication	\$
d. Medical (after insurance proceeds/reimbursement)	
(1) Doctor	\$
(2) Dentist	\$
(3) Optical	\$
(4) Medication	\$
e. Allowance	\$
f. Child care/After-school care	\$
g. Sitters	\$
h. Lesson and supplies	\$
i. Clubs/Summer Camps	\$
j. Vacation	\$
k. Entertainment	\$
l. Other (specify)	\$
<b>SUBTOTAL CHILDREN'S EXPENSES</b>	<b>\$ _____ \$ _____</b>



<b>Businesses:</b>	<b>Market Value</b>	<b>Debt</b>
1. Business Interest	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
<b>TOTAL BUSINESS</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Financial Assets (Cash or Cash Equivalents):</b>	<b>Market Value</b>	
1. Savings or interest-bearing accounts	\$ _____	
2. Checking Accounts	\$ _____	
3. Certificates of Deposit	\$ _____	
4. Money Market Accounts	\$ _____	
5. Cash	\$ _____	
6. Other (specify):	\$ _____	
7. Other (specify):	\$ _____	
<b>TOTAL CASH OR CASH EQUIVALENTS</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Retirement &amp; Deferred Compensation:</b>	<b>Market Value</b>	
1. Retirement	\$ _____	
2.	\$ _____	
3.	\$ _____	
4.	\$ _____	
<b>TOTAL RETIREMENT &amp; DEFERRED COMPENSATION</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Investment Accounts and Securities:</b>	<b>Market Value</b>	
1. Stocks	\$ _____	
2. Bonds	\$ _____	
3. Tax exempt securities	\$ _____	
4. Other (specify):	\$ _____	
5. Other (specify):	\$ _____	
6. Other (specify):	\$ _____	
<b>TOTAL INVESTMENT ACCOUNTS &amp; SECURITIES</b>	<b>\$ _____</b>	<b>\$ _____</b>

**RECAP OF INCOME AND EXPENSES:**

Net Monthly Income (+)	\$ _____
Total Monthly Living Expenses (-)	\$ _____
Less Monthly Debt Service (-)	\$ _____
Total Income Available per Month (=)	\$ _____

**STATEMENT OF HEALTH INSURANCE COVERAGE**

Currently effective health insurance coverage?  Yes  No

Name of insurance carrier: \_\_\_\_\_

Policy of Group No.: \_\_\_\_\_

Type of insurance:  Medical  Dental  Optical

Deductible: Per individual: \$ \_\_\_\_\_ Per family: \$ \_\_\_\_\_

Persons covered:  Self  Spouse  Dependents

Type of policy:  HMO  PPO  Full indemnity

Provided by:  Employer  Private Policy  Other Group

Monthly costs:  Paid by Employer  Paid by employee: \$ \_\_\_\_\_ for dependents  
\$ \_\_\_\_\_ for self

**VERIFICATION**

The foregoing Financial Affidavit has been carefully read by the undersigned who states under oath, under penalties as provided by law pursuant to 735 ILCS 5/1-109, that this affidavit includes all of his/her income and expenses, he/she has knowledge of the matters stated and he/she certifies that the statements set forth in this Affidavit are true and correct, except as to matters specifically stated to be on information and belief, and as to such matters the undersigned certified as aforesaid that he/she believes same to be true.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Typed or Printed Name of Petitioner

\_\_\_\_\_  
Typed or Printed Name of Respondent

Date signed: \_\_\_\_\_

Date signed: \_\_\_\_\_