

Arrears Pilot Program – Financial Disclosure Affidavit

1. Contact Information

Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

2. Income Information

a. Work Income

Current Employer: _____

Work Address: _____

Gross Yearly Income: \$ _____ Net Yearly Income: \$ _____

b. Other Income or Benefits (pension/retirement, workers' compensation, disability benefits, unemployment benefits, Social Security benefits, veteran's benefits, etc.):

Type: _____	Amount: \$ _____
Frequency (Circle One):	Weekly Bi-Weekly Monthly Other

Type: _____	Amount: \$ _____
Frequency (Circle One):	Weekly Bi-Weekly Monthly Other

Type: _____	Amount: \$ _____
Frequency (Circle One):	Weekly Bi-Weekly Monthly Other

Attachment 3

If no income listed, please explain how you support yourself:

3. Asset Information

Checking Account Balance: \$ _____ Bank: _____

Savings Account Balance: \$ _____ Bank: _____

Pension/Retirement Account Balance: \$ _____

Pension/Retirement Account Plan Name: _____

Pension/Retirement Account Plan Address: _____

Other: _____

4. Other Court Ordered Maintenance or Child Support Actually Paid

Court Order Date/Court City/State: _____ / _____ Amount: \$ _____
Frequency (Circle One): Weekly Bi-Weekly Other _____

Court Order Date/Court City/State: _____ / _____ Amount: \$ _____
Frequency (Circle One): Weekly Bi-Weekly Other _____

Signature _____

Print Name _____ Date _____