

(q) Wife's education, training & skills:

(r) Husband's health: Good

s) Wife's health: Good

(t) Children's health: Good

II. **EXPENSES:** (You may list expenses on a weekly or monthly basis, but you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payments; if any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payments. Attach additional sheet, if needed. Items included under "other" should be listed separately with separate dollar amounts.)

MONTHLY X

WEEKLY _____

(a) Housing:

- 1. Rent \$ _____
- 2. Condominium Charges \$ _____
- 3. Cooperative Apartment \$ _____

(b) Mortgage payment and real estate taxes if paid together:

- Mortgage-
- Taxes -
- Insurance -

Home Equity - Monthly Payment

(c) 1. Real estate taxes if paid separately \$ _____

2. Water : \$ _____

(d) Utilities:

- 1. Fuel _____ 4. Phone & Cable-\$ _____
- 2. Gas _____ budget billing _____ 5. Other _____
- 3. Electric _____ budget billing _____

(e) Food (Number of dependents, including yourself- \$ _____)

(f) Clothing (Number of dependents, including yourself- \$ _____)

(g) Laundry (Number of dependents, including yourself _____ 3) \$ _____

(h) Dry Cleaning (Number of dependents, including yourself _____ 3) \$ _____

(i) Insurance:

- 1. Life \$ _____
- 2. Personal and Real Property _____
- 3. Fire, Theft & Liability _____

4. Other-Credit Insurance

(j) Medical \$ _____
(k) Dental \$ _____
(l) Optical \$ _____
(m) Pharmaceutical \$ _____
(n) Surgical, Nursing Hospital \$ _____
(o) Blue Cross - Blue Shield Insurance \$ _____
(p) Major Medical insurance \$ _____
(q) Other Health care spending \$ _____

(r) Household Maintenance:
1. Repairs \$ _____
2. Furniture, Linens, Furnishings \$ _____
3. Cleaning Supplies \$ _____
4. Appliances and maintenance \$ _____
5. Painting \$ _____
6. Gardening \$ _____
7. Other-Pets/Vet/Grooming \$ _____

(s) Household Help:
1. Nurse _____ 3. Baby Sitter _____
2. Main _____ 4. Other _____
\$ _____

(t) Automobile: (List data for each car separately)

Year _____ Make _____
Personal _____ Business _____
1. Payments _____
2. Repairs _____
3. Gas & Oil _____
4. Insurance \$ total for both vehicals _____
5. Other _____ \$ _____

Year _____ Make _____
Personal _____ Business _____
1. Payments _____
2. Repairs _____
3. Gas & Oil _____
4. Insurance _____
5. Other _____ \$ _____

Year _____ Make _____
Personal _____ Business _____

1. Payments _____
2. Repairs _____
3. Gas & Oil _____
4. Insurance _____
5. Other _____ \$ _____

(u) Education:

1. Primary and secondary (Name) _____ \$ _____
2. College (Name) _____ \$ _____
3. Other (Name) _____ \$ _____

(v) Summer Camp

Name of Dependents _____

(w) Recreation:

1. Vacation _____
2. Movies _____
3. Theater _____
4. Dining Out _____
5. Other (children's activities, birthday parties, school events, costumes, uniforms, teacher gifts, etc.)
\$ _____

(x) Income Taxes:

Joint Return _____

Individual Return _____ \$ _____

(y) Beauty Parlor (Barber) \$ _____

(z) Miscellaneous:

1. Books, Magazines, Newspapers \$ _____
2. Cigarettes \$ _____
3. Music, Dancing Lessons-Guitar \$ _____
4. Children's Allowance \$ _____
5. School Transportation \$ _____
6. School supplies & lunch \$ _____
7. Diaper service \$ _____
8. Gifts \$ _____
9. Church or Temple Dues \$ _____
10. Charitable Contributions \$ _____
11. Sunday School \$ _____
12. Union & Organization Dues & Assessments \$ _____
- 13a. Payments for Child Support from a prior marriage \$ _____
- 13b. Alimony or maintenance from a prior _____

marriage \$ _____
 (If payments under 13a or 13b are unallocated, so indicate: _____)

14. Payments on outstanding loans \$ _____
 15. Commutation and Transportation \$ _____
 16. Lunches at work \$ _____
 17. Sporting goods and hobbies \$ _____
 18. Other \$ _____
 19. Other \$ _____
 20. Other \$ _____

TOTAL EXPENSES (a-z) \$ _____

III. **GROSS INCOME:** (State source of income and annual amount. Attach additional sheet if needed.) \$ _____
 annual _____

Employer:
 Address:

(a) Salary or Wages: (State whether income has changed during the year preceding the date of this affidavit: _____) If so, set forth name and address of all employers during preceding year and average weekly wage paid by each. Indicate overtime earnings separately. Attach previous year's W-2 or income tax return.)

Weekly Net Income \$ _____

(b) Weekly deductions:
 1. Social Security \$ _____
 2. New York State Tax \$ _____
 3. Federal Tax \$ _____
 4. Other payroll deductions \$ _____

(c) Social Security Number:
 (d) Number of Dependents claimed: Married - 1
 Names of Dependents

(e) Bonus, Commission, fringe benefits: \$ _____
 (Use of auto, membership, etc)
 (f) Partnership, royalties, sales of assets

- (g) Dividends and interest (state whether or not taxable) \$ _____
- (h) Real Estate (income only) \$ _____
- (i) Trust, profit sharing & annuities (income only) \$ _____
- (j) Pension (income only) \$ _____
- (k) Awards, prizes, grants (state whether taxable) \$ _____
- (l) Income from bequests, legacies & gifts \$ _____
- (m) Income from all other source (including alimony, maintenance or child support from a prior marriage) \$ _____
- (n) Tax preference items:
 - 1. Long term capital gain deduction \$ _____
 - 2. Depreciation, amortization or depletion \$ _____
 - 3. Stock options: excess of a fair market value over amount paid \$ _____
- (o) If any child or other member of your household is employed, state name and that person's annual income:
 Name: _____
 Annual Income: _____
- (p) Social Security \$ _____
- (q) Disability Benefits \$ _____
- (r) Public Assistance \$ _____
- (s) Other: _____

TOTAL ANNUAL INCOME:

IV. **ASSETS:** (If any asset is held jointly with spouse or another, so state and set forth your respective shares.)

A. **CASH ACCOUNTS:**

- 1. Cash
 - Amount: \$ _____
 - Title Owner: _____
 - Source of Funds: _____
 - Other Relevant Information _____
- 2. Checking
 - Amount: \$ 0.00
 - Location (Financial Institution) _____

Citibank

Address: _____
Account Number: _____
Title Owner: _____
Date of Acquisition (Opening): _____
Source of Funds: Bi-Weelkly Paychecks
Other Relevant Information: _____

3. Savings

Amount: _____
Location (Financial Institution) _____

Address: _____
Account Number: _____
Title Owner: _____
Date of Acquisition (Opening): _____
Other Relevant Information: _____

Amount: _____ \$

Location (Financial Institution) _____
Capital One Checking

Address: _____
Account Number: _____
Title Owner: _____
Date of Acquisition (Opening): _____
Source of Funds: _____
Other Relevant Information: _____

Amount: _____ \$

Location (Financial Institution) _____

Address: _____
Account Number: _____
Title Owner: _____
Date of Acquisition (Opening) _____
Source of Funds: _____
Other Relevant Information: _____

4. Security Deposits, earnest money, etc.

Amount: _____ \$ _____

Location (Financial Institution) _____

Address: _____

Account Number: _____

Title Owner: _____
Date of Acquisition _____
Source of Funds: _____
Other Relevant Information: _____

B. Securities

1. Bonds, notes, mortgages (Notes as to each obligor, maturity date, principle amount
Amount: \$ _____
Location (Financial Institution)

Address: _____

Account Number: _____

Title Owner: _____

Date of Acquisition (Opening) _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Estimated Fair Market Value: _____

Amount of Mortgage/Lien Unpaid: _____

Current Equity: _____

Other Relevant Information: _____

2. Stocks, options and commodity contracts
Amount: \$ _____
Location (Financial Institution)

Address: _____

Account Number: _____

Title Owner: _____

Date of Acquisition (Opening) _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Estimated Fair Market Value: _____

Amount of Mortgage/Lien Unpaid: _____

Current Equity: _____

Other Relevant Information: _____

3. Other
Amount: \$ _____
Location (Financial Institution)

Address: _____

Account Number: _____

Title Owner: _____

Date of Acquisition (Opening) _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Estimated Fair Market Value: _____

Amount of Mortgage/Lien Unpaid: _____

Current Equity: _____

Other Relevant Information: _____

C. Brokers Margins Accounts (Broker & Credit Balances)

Amount: \$ _____

Location (Financial Institution) _____

Address: _____

Account Number: _____

Title Owner: _____

Date of Acquisition (Opening) _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Estimated Fair Market Value: _____

Amount of Mortgage/Lien Unpaid: _____

Current Equity: _____

Other Relevant Information: _____

D. Loans to Other and Accounts Receivable from Others

Amount: \$ _____

Address: _____

Title Owner: _____

Date of Loan: _____

Source of Funds: _____

Other Relevant Information: _____

E. Value of Interest in any Business (Describe investment, giving name and address of company;

whether it is a corporation, partnership, sole proprietorship or trust; your capital contribution, net worth of business, percent of your interest, and any other information bearing on valuation, including measure of value used for determination.)

F. Cash Surrender Value of Life Insurance \$ _____
 Amount: \$ _____
 Carrier: _____
 Policy No.: _____
 Title Owner: _____
 Date of Acquisition: _____
 Source of Funds to Acquire: _____

Other Relevant Information:
 Policy maintained by Husband

G. Vehicles (auto, boat, truck, campers, etc.)
 Value: \$ _____
 Title Owner: _____
 Date of Acquisition: _____
 Original Price or Value: _____
 Source of Funds to Acquire: _____
 Amount of Mortgage/Lien Unpaid: _____
 Other Relevant Information: _____

H. Real Estate (Including all types of interest such as leaseholds, life estates, etc., at market value. Do not deduct any mortgage.)
 Value: \$ _____
 Location: _____
 Address: _____

Title Owner: _____
 Date of Acquisition: _____
 Original Price or Value: _____

Source of Funds to Acquire: _____
 Amount of Mortgage/Lien Unpaid: \$ _____
 Home Equity \$ _____
 Total Mortgage Owed..... \$ _____
 Current Equity: \$ _____
 Other Relevant Information: _____

Purchase - - Purchase Price -
Outstanding Mortgage -
Yearly Maintance -

- I. Vested Interest in Trust: (Pension, profit sharing, legacies, deferred compensation and others, give principal amounts.)

Name of Plan: _____

Address of Trustee: _____

Title Owner: _____

Date of Acquisition: _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Current Equity: _____

Other Relevant Information: _____

- J. Contingent Interest: (stock options, interest subject to life estates, prospective inheritances, description and basis of valuation, date of vesting.)

Potential Value: \$ _____

Address: _____

Title Owner: _____

Date of Acquisition: _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Estimated Fair Market Value: _____

Amount of Mortgage/Lien Unpaid: _____

Current Equity: _____

Other Relevant Information: _____

- K. Household Furnishings (List for each residence at market value.)

Value: \$ _____

Location (Financial Institution): _____

Address: _____

Title Owner: _____

Date of Acquisition: _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Other Relevant Information: _____

- L. Jewelry, art, antiques, precious objects, gold, and precious metal (Give market value Describe items which are valued at more than \$500.)

Value: _____ \$

Title Owner: _____

Date of Acquisition: _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Amount of Mortgage/Lien Unpaid: _____

Current Equity: _____

Other Relevant Information: _____

- M. Other Assets (e.g, tax shelter investments, collections, hobbies, judgments, cause of action, patents, trademarks, copyrights and any other assets not specified above at market value.)

Value: _____ \$ _____

Location (Financial Institution): _____

Address: _____

Title Owner: _____

Date of Acquisition: _____

Original Price or Value: _____

Source of Funds to Acquire: _____

Estimated Fair Market Value: _____

Amount of Mortgage/Lien Unpaid: _____

Current Equity: _____

Other Relevant Information: _____

TOTAL ASSETS: \$ _____

- V. LIABILITIES (If jointly with spouse or another, so state, and state your share.)

A. Accounts Payable
 Purpose: _____
 Date debt incurred: _____
 Debtor: _____
 Creditor: _____
 Original Amount of Debt: \$ _____
 Current Amount of Debt: _____
 Monthly or other periodic payment: _____

 Other Relevant Information: _____

V. **LIABILITIES**

A. <u>ACCOUNTS PAYABLE</u>	<u>MONTHLY PAYMENTS</u>	<u>TOTAL OWED</u>
----------------------------	-------------------------	-------------------

B. Notes Payable
 Purpose: _____
 Date debt incurred: _____
 Debtor: _____
 Creditor: _____
 Original Amount of Debt: \$ _____
 Current Amount of Debt: _____
 Monthly or other periodic payment: \$ _____

 Other Relevant Information: _____

C. Installment Accounts Payable (Security agreements, chattel mortgages.)
 Purpose: _____
 Date debt incurred: _____
 Debtor: _____
 Creditor: _____
 Original Amount of Debt: \$ _____
 Current Amount of Debt: _____
 Monthly or other periodic payment: _____

 Other Relevant Information: _____

D. Accounts Payable
 Purpose: _____
 Date debt incurred: _____
 Debtor: _____
 Creditor: _____
 Original Amount of Debt: \$ _____

Current Amount of Debt: _____
Monthly or other periodic payment: _____

Other Relevant Information: _____

E. Mortgage Payable on Real Estate
Amount of Mortgage/Lien Unpaid: _____ \$

Home Equity _____ \$

Total Mortgage Owed..... \$

Maturity date: _____

Purpose: _____

Date debt incurred: _____

Debtor: _____

Creditor: _____

Original Amount of Debt: _____ \$

Current Amount of Debt: _____

UNK

Monthly or other periodic payment: _____ \$

Other Relevant Information: _____

F. Interest Payable (Date paid up to.)

Purpose: _____

Date debt incurred: _____

Debtor: _____

Creditor: _____

Annual Amount of Debt: _____ \$ _____

Other Relevant Information: _____

G. Taxes Payable (date up to paid.)

Purpose: _____

Date debt incurred: _____

Debtor: _____

Creditor: _____

Annual Amount of Debt: _____ \$ _____

Other Relevant Information: _____

H. Loans

Purpose: _____

Date debt incurred: _____

Debtor: _____

Creditor: _____

Original Amount of Debt: _____ \$ _____

Current Amount of Debt: _____

Monthly or other periodic payment: _____

Other Relevant Information: _____

I. Other Liabilities
 Purpose: _____
 Date debt incurred: _____
 Debtor: _____
 Creditor: _____
 Original Amount of Debt: \$ _____
 Current Amount of Debt: _____
 Monthly or other periodic payment: _____
 Other Relevant Information: _____

TOTAL LIABILITIES \$ _____

NET WORTH: ASSETS MINUS LIABILITIES: \$ _____

VI. **ASSETS TRANSFERRED** (List all assets transferred in any manner during the preceding three years, or for the length of the marriage, whichever is shorter. Note: Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth.)

Description of Property:
 To Whom Transferred and
 Relationship to Transferred:

Date of Transfer: _____
 Value: _____

VII. **SUPPORT REQUIREMENTS**

(a) Deponent is presently (paying, receiving) \$ _____ per week and prior to separation (paid, received) \$ _____ to cover expenses for all household expenses and child support

These payments are being made (voluntarily, pursuant to court order, pursuant to separation agreement) and there are (no) arrears outstanding (in the sum of \$ _____ to date.)

(b) Deponent request for the support of each child \$ _____
 Total for Children \$ _____

(c) Deponent request for the support of each child \$ _____

per (week, month.)

- (d) The day of the (week, month) on which payments should be made is Friday.

VIII. COUNSEL FEE REQUIREMENTS

- (a) Deponent request for counsel fees and disbursements the sum of \$ _____ and continuing.
- (b) Deponent has paid counsel the sum of \$ _____ and has agreed with counsel concerning fees as follows: \$ _____ per hour
- (c) There is a retainer or written agreement relating to payment of legal fees. (A copy of any such agreement must be annexed.)

IX. ACCOUNTANT AND APPRAISAL FEE REQUIREMENT

- (a) Deponent request for accountant's fees and disbursements the sum of \$ _____. The basis for the sum requested is _____
- (b) Deponent request for appraisal fee and disbursement the sum of \$ _____. The basis for the sum requested is _____
- (c) Deponent requires the service for an accountant for the following reasons: _____

- X. OTHER DATA concerning the financial circumstances of the parties that should be brought to the attention of the court are:

The foregoing statement (and a rider consisting of _____ pages annexed hereto) has been read by the undersigned who states that it is true and correct.

Sworn to before me on the
day of _____ ,

NOTARY PUBLIC