

FGN:

FINANCIAL AFFIDAVIT

Name: _____ DOB: ____/____/____ SSN: ____/____/____

Mailing Address: _____

Physical Address: _____

Phone No: _____ Cell No: _____

Employer: _____ How Long: _____ Work Phone: _____

Employer Address: _____ Occupation: _____

Wages: \$ _____ Per hour () Week () Month () Year () Unemployed? _____

Last Employer: _____ Term Date: ____/____/____

Daycare: Private: Yes___ No___ DHS: Yes___ No___ Tribal: Yes___ No___ Full time _____ Partime _____

Monthly Payment: _____ List Children w/Daycare: _____

Are children covered under your Medical Insurance Policy? Yes___ No___

Insurance Co: _____ Insurance Phone: _____

Address: _____ Policy No.: _____

Actual Amount of Insurance Premium for child(ren) of this action: Wkly \$ _____ Bi-Wkly: \$ _____ Monthly: \$ _____

Are child(ren) covered by Indian Health Service: Yes___ No___ List Dependants names and ages, of this action, listed on policy: _____

Do you have biological children in the home older than the children of this case? Yes ___ No ___ How many? _____

Names/Dates of Birth: _____

Amount of child support actually paid to children NOT of this action: \$ _____ Paid to Whom? _____

Spousal maintenance received: \$ _____ Child support received: \$ _____ Other monies received: \$ _____

Do you have a Driver's License? Yes___ No___ License Number/ State: _____

Technical License – What type? _____ Number: _____

Do you receive a Per Capita? Yes___ No___ From what Tribe/Agency: _____

Do you have an IIM Account? Yes___ No___ From what Tribe/Agency: _____

Comments:

ATTACH LAST TWO COPIES OF RECENT PAYROLL STUBS TO THIS FORM.

Signature _____ Date _____

State of _____

County of _____

I certify that _____ signed this affidavit before me on this _____ day of _____, 20_____.

Notary Public My Commission Expires: _____