

PBPN Child Support Services FINANCIAL AFFIDAVIT

SECTION I: Applicant Information

Name:	Family Group Number(FGN):
Address:	Social Security Number (SSN):
Date of Birth:	Daytime contact number:

1. Are you the Custodial Parent? YES NO If you marked 'Yes', please provide the non-custodial parent's name: _____

2. Are you the Non-Custodial Parent? YES NO If you marked 'Yes', please provide the name of the custodial: _____

SECTION II: Employment Information

Name of Primary Employer: _____

Employer Address: _____ Employer Phone Number _____

Occupation: _____ Are you salary or hourly? (Circle one)

Hourly Rate of Pay: \$ _____ If salary, provide your yearly salary amount: \$ _____

Circle your pay periods: Weekly Bi-Weekly Monthly

Gross Monthly Income: \$ _____

SECTION III: Other Source of Income

Type of Income	Frequency	Amount
Pension & Retirement	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Military/Veterans	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Social Security	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
SSA <input type="checkbox"/> SSI <input type="checkbox"/>	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	
Unemployment	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Per Capita/ IMM account	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Worker's Compensation	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	
	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Jobs for Cash	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Any other source: (Specify)	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	

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SECTION IV: Children Information

1. Number of children not of this action in the home full-time? _____
2. Do you have any cases in which you currently pay child support on? YES NO
If you marked "Yes", please provide the following information:
 - a. Amount of monthly support paid: _____
 - b. City and State of order(s): _____
 - c. Case Number or Family Group Number (if known): _____

Please complete this section by indicating the names and date of birth of the child(ren) born of or adopted through the relationship or marriage between the custodial and non-custodial parent.

Name of Child Date of Birth Claimed on your tax return

Name of Child	Date of Birth	Claimed on your tax return

SECTION V: Other Assets

(A) Bank Accounts

Name of Bank Account Type Average bal. for 6 month

Name of Bank	Account Type	Average bal. for 6 month

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SECTION VII: Declaration

If you are not married, but share a household with any other adult, indicate only your share of those expenses. (Example: If rent for the household is \$400.00, and you pay \$200.00, enter \$200.00). If you rent and utilities, food or any other expenses are included with your payment, do not enter that amount separately, but indicate that they are included with your rent. If you need additional space, complete your answer on the backside of the question page.

I, _____ declare under penalty of perjury that the foregoing and any attachments hereto are true and correct.

Signature

Date

Please submit the following documentation with this Financial Affidavit:

- Copies of the last 2 years tax returns
- Payroll statements or stubs for the past 6 weeks