

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)		
Spousal support received (specify)	\$	
<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	\$	
Child Support received (specify)	\$	
<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 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)	\$	
SUBTOTAL PERSONAL EXPENSES:	\$	\$

4. Miscellaneous:

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

STATEMENT OF ASSETS

Valuation Date: _____ (mmddyyyy)

Marital Residence and Other Real Estate:

	Market Value	Debt
1. Marital Residence at:	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
TOTAL REAL ESTATE	\$	\$

Cars & Other Personal Property:

	Market Value	Debt
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
TOTAL CARS & OTHER PERSONAL PROPERTY	\$	\$

Businesses:

	Market Value	Debt
1. Business Interest -	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
TOTAL BUSINESSES	\$	\$

Financial Assets (Cash or Cash Equivalents):

	Market Value	
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):	\$	
TOTAL CASH OR CASH EQUIVALENTS:	\$	\$

Retirement & Deferred Compensation:

	Market Value	
1. Retirement:	\$	
2.	\$	
3.	\$	
4.	\$	
TOTAL RETIREMENT & DEFERRED COMPENSATION	\$	\$

Investment Accounts and Securities:

	Market Value	
1. Stocks	\$	
2. Bonds	\$	
3. Tax exempt securities	\$	
4. Other (specify):	\$	
5. Other (specify):	\$	
6. Other (specify):	\$	
TOTAL INVESTMENT ACCOUNTS AND SECURITIES	\$	\$

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 5/109, 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 certifies 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: _____