



Board of Law Examiners of the State of North Carolina

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FINANCIAL AFFIDAVIT

(Applicant Name)

(File Number)

To assist the board in evaluating your financial responsibility, you are asked to complete the following affidavit with careful attention to all details. The completeness and accuracy of each entry on this affidavit must be sworn under penalty of perjury. On page two you are asked to provide information concerning your gross income. If you are married, do not include spousal income; however, if your spouse provides financial assistance to you to allow you to meet your expenses, indicate the average amount received in the spousal support received subsection of the total monthly gross income. Pages three through five inquire into your monthly expenses. Include the portion of the expenses that your income is used to pay. If you are married and your spouse pays for part of an expense, itemize the amount of the expense that you actually pay. If you have any type of recurring expense or income that is not listed in the following pages, specify the exact nature of the item and indicate it under the appropriate category. This document is not intended as a budget. It should include income only if actually received, and expenses only if actually paid. Additional sheets may be attached to this affidavit if necessary.

EMPLOYMENT AND INCOME

Occupation: _____

Employed By: _____

Address 1: _____

Address 2: _____

Pay Period (weekly, monthly, etc.): _____

Rate of Pay: _____

Dates of Employment: _____

INCOME PREVIOUS FOUR YEARS

Year	Total Income (line 4 of 1040EX, line 15 of 1040A, line 22 of 1040)	Filing Status (single, joint, etc.)

TOTAL MONTHLY GROSS INCOME

Wages, bonuses, commissions, tips and similar payments:	\$
Business income (gross receipts minus expenses):	\$
Disability benefits:	\$
Worker's compensation:	\$
Pension, retirement, or annuity disbursements:	\$
Social Security benefits:	\$
Spousal support received:	\$
Interest and dividends:	\$
Rental income (gross receipts minus expenses):	\$
Income from royalties, trusts or estates:	\$
Capital gains (do not include non-recurring gains):	\$
Student loans (average per month):	\$
Itemize other recurring income:	\$
_____:	\$
_____:	\$
_____:	\$
TOTAL MONTHLY GROSS INCOME:	\$

MONTHLY DEDUCTIONS FROM GROSS INCOME

Federal, state and local income taxes:	\$
FICA/Medicare or self-employment taxes:	\$
Mandatory union dues:	\$
Health insurance payments:	\$
Itemize other deductions from gross income:	\$
_____:	\$
_____:	\$
_____:	\$
TOTAL MONTHLY DEDUCTIONS:	\$

AVERAGE MONTHLY NET INCOME

Total monthly gross income (from page 2):	\$
Total monthly deductions (from page 2):	\$
Total monthly expenses (from page 5):	\$
TOTAL MONTHLY NET OR (DEFICIT)*:	\$

*If a monthly deficit is reported, attach a detailed explanation of the circumstances leading to this deficit and an explanation of how you are able to meet your monthly obligations in light of your deficit.

MONTHLY HOUSEHOLD EXPENSES

Mortgage:	\$
Rent:	\$
Property tax and insurance (ignore if included above):	\$
Electricity, water, garbage and sewer:	\$
Telephone:	\$
Cable TV:	\$
Fuel oil or natural gas:	\$
Food and groceries:	\$
Meals outside of home:	\$
Itemize other household expenses:	\$
_____:	\$
_____:	\$
_____:	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES:	\$

MONTHLY PERSONAL EXPENSES

Affiant's medical and dental:	\$
Affiant's dry cleaning and laundry:	\$
Affiant's hair care:	\$
Affiant's prescriptions:	\$
Affiant's clothing:	\$
Affiant's cosmetics & toiletries (if not included in groceries):	\$
_____:	\$
_____:	\$
_____:	\$
TOTAL MONTHLY PERSONAL EXPENSES:	\$

MONTHLY INSURANCE EXPENSES

Health (if not included in monthly deductions):	\$
Life:	\$
Disability:	\$
Itemize other insurance expenses:	\$
_____:	\$
_____:	\$
_____:	\$
TOTAL MONTHLY INSURANCE EXPENSES:	\$

MONTHLY AUTOMOBILE EXPENSES

Car payment: \$
Gasoline and oil: \$
Repairs: \$
Insurance: \$
Auto tag/license: \$
_____: \$
_____: \$
_____: \$
TOTAL MONTHLY AUTOMOBILE EXPENSES: \$

MONTHLY CHILDREN'S EXPENSES

Nursery/baby-sitting: \$
School tuition: \$
Lunch money: \$
Allowance: \$
Clothing: \$
Medical/Dental: \$
Prescriptions: \$
Hair care: \$
Child support actually paid: \$
Cosmetics/toiletries (if not included in groceries): \$
Itemize other children's expenses: \$
_____: \$
_____: \$
_____: \$
TOTAL MONTHLY CHILDREN'S EXPENSES: \$

OTHER RECURRING MONTHLY EXPENSES

Professional dues: \$
Entertainment: \$
Church: \$
Tuition, books and school supplies: \$
Charities: \$
Itemize other monthly expenses: \$
_____: \$
_____: \$
_____: \$
TOTAL OTHER EXPENSES: \$

MONTHLY PAYMENTS TO CREDITORS (Creditors must also be listed under liabilities, page 6)

CREDITOR	PAYMENT
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
_____:	\$
TOTAL MONTHLY PAYMENTS TO CREDITORS	\$

TOTAL MONTHLY EXPENSES

Household expenses (from page 3):	\$
Personal expenses (from page 3):	\$
Insurance expenses (from page 3):	\$
Automobile expenses (from page 4):	\$
Children's expenses (from page 4):	\$
Other recurring expenses (from page 4):	\$
Monthly creditor expenses (from page 5):	\$
TOTAL MONTHLY EXPENSES:	\$

ASSETS (Do not list assets solely owned by your spouse)

DESCRIPTION	AFFIANT	SPOUSE	AFFIANT + SPOUSE
Cash (on hand or in banks)	\$	\$	\$
Securities	\$	\$	\$
Notes/certificates of deposit	\$	\$	\$
Real property (address)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Automobiles (model, make, year)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Contents of home/apartment	\$	\$	\$
Jewelry	\$	\$	\$

Insurance (cash value)	\$	\$	\$
Retirement accounts (IRA, 401K, etc.),	\$	\$	\$
Itemize other assets:			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL ASSETS	\$	\$	\$

LIABILITIES (List all creditors even if you are not presently making payments, including student loans. Do not report those liabilities on which your spouse is the sole obligor.)

CREDITOR NAME	TYPE OF LOAN	AFFIANT BALANCE	SPOUSE BALANCE	TOTAL
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL LIABILITIES		\$	\$	\$

NET WORTH [Total assets (page 6) minus total liabilities (page 6)]

	AFFIANT	SPOUSE	AFFIANT + SPOUSE
TOTAL ASSETS	\$	\$	\$
TOTAL LIABILITIES	-\$	-\$	-\$
NET WORTH	\$	\$	\$

I declare I have read the foregoing affidavit and that the representations are complete and true to the best of my knowledge and belief.

State of _____ County of _____

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, _____,

Signature and Seal of Notary Public

Check one: Personally Known Produced ID

Name of Notary Public (typed, printed or stamped)

Type of Identification Produced
