
BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA

5510 Six Forks Road, Suite 300, RALEIGH, NORTH CAROLINA 27609

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In Re Application Of: _____

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.)

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: \$ _____

MONTHLY DEDUCTIONS FROM GROSS 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

Medical and dental : \$ _____

Dry cleaning and laundry : \$ _____

Hair care : \$ _____

Prescriptions : \$ _____

Clothing : \$ _____

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

_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
_____ :	\$ _____
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	\$	\$	\$

