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Financial Affidavit

State: Alabama

County: _____

I, the undersigned, do swear and affirm the following facts:

1. My legal name is as follows: _____.

2. My present address is as follows:

3. I am currently employed in the following position: _____. I work for the following:

4. My gross monthly income comes from the following source:

Monthly Income From This Source: \$2

5. The deductions made each month from my income are as follows:

Federal Tax Deduction: \$2

State Tax Deduction: \$2

Local Tax Deduction: \$2

Child Support Deduction: \$2

Alimony Deduction: \$2

Health Insurance Premium: \$2

Medicare: \$2

6. My monthly household expenses are as follows:

Mortgage: \$2

Property Tax: \$2

Utilities: \$2

Phone Bill: \$2

Health Insurance: \$2

Car Insurance: \$2

Gas: \$2

Food Costs: \$2

Monthly Medical Expenses: \$2

7. My monthly debts are as follows:

Car Loan: \$2

Home Loan: \$2

Credit Card Payments: \$2

Student Loans: \$2

8. My assets are as follows:

Home Value: \$2

Vehicle Value: \$2

Total Cash: \$2

Total Bank Accounts: \$2

9. My financial summary is as follows:

Total Net Monthly Income: \$2

Total Monthly Expenses And Debts: \$2

Total Current Assets: \$2

10. I provided the following form of identification to the Notary Public to prove my identification:

11. This Financial Affidavit is being sworn for the following reason:

12.

13.

I swear under penalty of perjury that I am the party described above and that all statements in this Financial Affidavit are true.

Signature: _____

Date: _____

State of Alabama NOTARIZATION:

State: Alabama

County: _____

On the following date: _____ before me personally appeared the above signatory. I am a Notary Public in and for the state of Alabama and the signatory above is personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name is signed herein and acknowledged that he/she/they executed the same.

WITNESS my hand and official seal:

Seal:

Name: _____

Signature: _____

My commission expires: _____