



NEW HAMPSHIRE EMPLOYMENT SECURITY FINANCIAL AFFIDAVIT



NAME _____		
ADDRESS _____		
TOWN _____	STATE _____	ZIP CODE _____

XXX-XX-
LAST 4 of SSN# _____

TELEPHONE _____ - _____

MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	TAX FILING STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> MARRIED FILING SEPARATELY <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> OTHER	LIST THE NAMES, AGES, RELATIONSHIPS OF DEPENDENTS YOU SUPPORT: _____ _____ _____ _____ _____
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IF UNEMPLOYED FILL OUT THE FOLLOWING: LAST DATE OF EMPLOYMENT: WHEN YOU ANTICIPATE NEW EMPLOYMENT:	IF YOUR SPOUSE IS UNEMPLOYED, STATE LAST DATE OF EMPLOYMENT:
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CURRENT EMPLOYMENT: YOUR EMPLOYER: _____ LOCATION: _____	FULL-TIME: _____ PART-TIME: _____
SPOUSE'S EMPLOYER: _____ LOCATION: _____	FULL-TIME: _____ PART-TIME: _____

LIST ALL MONTHLY INCOME FOR HOUSEHOLD	YOURS	SPOUSE'S	OTHER
Salary/Wages (weekly \$ _____ x 4.3 = monthly)			
Pension/Trust Benefits			
Unemployment Compensation			
Social Security			
Investment Income			
Alimony			
Child Support			
Welfare Payments			
Other			
TOTAL			

WHAT MONEY IS AVAILABLE TO YOU?	
Cash on Hand	\$
Checking Account	\$
Savings Account	\$
Deferred Income	\$
Stocks/Bonds/IRA/Pension	\$
Total	\$

PLEASE STATE YOUR MONTHLY HOUSEHOLD EXPENSES			
Rent/Mortgage	\$	Property Insurance	\$
Heat	\$	Food	\$
Utilities	\$	Medical Dental	\$
Clothing	\$	Transportation	\$
Child Support	\$	Alimony	\$
Telephone	\$		
Other	\$		
Specify:			
		Total	\$

LIST ANY REAL ESTATE YOU OWN, ITS MARKET VALUE AND THE AMOUNT YOU OWE:

LIST ANY VEHICLES YOU OWN (car, truck, boat, motorcycle, snowmobile, RV), THEIR MARKET VALUE, THE AMOUNT YOU OWE AND MONTHLY PAYMENT, IF ANY:

OTHER THAN MONTHLY HOUSEHOLD EXPENSES LISTED ABOVE, LIST ANY BILLS/DEBTS YOU OWE, AMOUNT OWED, TO WHOM, AND MONTHLY PAYMENT AND/OR WHEN IT IS DUE. SPECIFY WHICH ARE COURT ORDERED:

IF ANYONE OWES YOU MONEY, STATE NAME, ADDRESS, AMOUNT DUE AND WHEN DUE:

LIST ANY PROPERTY YOU HAVE TRANSFERRED/SOLD WITHIN THE LAST YEAR, TO WHOM AND FOR WHAT PRICE:

ADDITIONAL INFORMATION: Please provide any additional information that you wish to have considered. Please attach any additional documentation that you wish to provide.

CERTIFICATION

I SWEAR THAT ALL STATEMENTS AND INFORMATION CONTAINED HEREIN AND ALL INFORMATION CONTAINED ON ANY AND ALL ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____