

**ROTARY CLUBS OF CAPE CORAL
DISASTER RELIEF FUND**

FINANCIAL AFFIDAVIT

I/We, being sworn, certify that the following information is true:

Name: _____

Occupation: _____

Employed by: _____

Business Address: _____

Pay rate: \$_____ every week () every other week () twice a month () monthly () other:

() Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION 1. PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. Items included under "other" should be listed separately with separate dollar amounts.

- | | | | |
|-----|--|-----|----------|
| 1. | Monthly gross salary or wages | 1. | \$ _____ |
| 2. | Monthly bonuses, commissions, allowances, overtime, tips, and similar payments. | 2. | _____ |
| 3. | Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (() Attach sheet itemizing such income and expenses.) | 3. | _____ |
| 4. | Monthly disability benefits/SSI | 4. | _____ |
| 5. | Monthly Workers' Compensation | 5. | _____ |
| 6. | Monthly Unemployment Compensation | 6. | _____ |
| 7. | Monthly pension, retirement, or annuity payments | 7. | _____ |
| 8. | Monthly Social Security benefits | 8. | _____ |
| 9. | Monthly alimony actually received | | |
| | 9a. From this case: \$_____ | | |
| | 9b. From other case(s) _____ | | |
| | Add 9a and 9b. | 9. | _____ |
| 10. | Monthly interest and dividends | 10. | _____ |
| 11. | Monthly rental income (gross receipts | | |

	minus ordinary and necessary expenses required to produce income)	11.	_____
12.	Monthly income from royalties, trusts or estates	12.	_____
13.	Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses	13.	_____
14.	Monthly gains derived from dealing in property (not including nonrecurring gains). Any other income of a recurring nature (list source)	14.	_____
15.	_____	15.	_____
16.	_____	16.	_____
17.	PRESENT MONTHLY GROSS INCOME (Add lines 1-16)	TOTAL	17. \$ _____

PRESENT MONTHLY DEDUCTIONS

18.	Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)		
	a. Filing Status _____		
	b. Number of dependents claimed _____	18. \$	_____
19.	Monthly FICA or self-employment taxes	19.	_____
20.	Monthly Medicare payments	20.	_____
21.	Monthly mandatory union dues	21.	_____
22.	Monthly mandatory retirement payments	22.	_____
23.	Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship	23.	_____
24.	Monthly court-ordered child support actually paid for children from another relationship	24.	_____
25.	Monthly court-ordered alimony actually paid		
	25a. from this case: \$ _____		
	25b. from other case(s) _____		
	Add 25a and 25b	25.	_____
26.	TOTAL DEDUCTIONS (Add lines 18 through 25)	TOTAL	26. \$ _____

PRESENT NET MONTHLY INCOME
(Subtract line 26 from line 17)

\$ _____

SECTION II. AVERAGE MONTHLY EXPENSES

A. HOUSEHOLD		E. OTHER EXPENSES NOT LISTED ABOVE	
Mortgage or Rent	\$_____	Clothing	\$_____
Property taxes	\$_____	Medical/Dental (uninsured)	\$_____
Utilities	\$_____	Grooming	\$_____
Telephone	\$_____	Entertainment	\$_____
Food	\$_____	Church/Charities	\$_____
Meals outside home	\$_____	Miscellaneous	\$_____
Maintenance/Repairs	\$_____	Other:	\$_____
Other:	\$_____		\$_____
B. AUTOMOBILE			\$_____
Gasoline	\$_____		\$_____
Repairs	\$_____		\$_____
Insurance	\$_____		\$_____
C. CHILD(REN) EXPENSES		F. PAYMENTS TO CREDITORS	Monthly Payment
Day Care	\$_____	Creditor	\$_____
Lunch Money	\$_____		\$_____
Clothing	\$_____		\$_____
Grooming	\$_____		\$_____
Gifts for Holidays	\$_____		\$_____
Medical/dental (uninsured)	\$_____		\$_____
Other:	\$_____		\$_____
D. INSURANCE	\$_____		\$_____
Medical/Dental	\$_____		\$_____
Child(ren)'s Medical/Dental	\$_____		\$_____
Life	\$_____		\$_____

Other:	\$_____		\$_____
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28. TOTAL MONTHLY EXPENSES (add ALL monthly amounts in A through F above) 28. \$_____

SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME 29. \$_____
(From Line 17 of Section I. Income)

30. TOTAL MONTHLY EXPENSES (from Line 28 above) 30. \$_____

31. SURPLUS (if Line 29 is more than Line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here) 31. \$_____

32. (DEFICIT) (if Line 30 is more than Line 29, subtract line 29 from Line 30. This is the amount of your deficit. Enter that amount here) 32. \$_____

SECTION III: ASSETS AND LIABILITIES

A. ASSETS

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse or significant other)	Current Fair Market Value		
() Cash (on hand)	\$		
() Cash (in banks or credit unions)			
() Stocks, Bonds, Notes			
() Real Estate (Home)			
() Real Estate (Other)			
() Automobiles			

<input type="checkbox"/> Other personal property			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.			
<input type="checkbox"/> Other			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> check here if additional pages are attached			
Total Assets (add column B)	\$		

B. LIABILITIES

DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse or significant other)	Current Amount Owed		
<input type="checkbox"/> Mortgages on Real Estate	\$		
<input type="checkbox"/> Auto Loans			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/Credit Card Accounts			
<input type="checkbox"/>			
DESCRIPTION OF ITEM(S). List a description of each separate debt owed by you (and/or your spouse or significant other)	Current Amount		

	Owed		
()	\$		
()			
()			
() Other			
()			
()			
()			
()			
()			
() check here if additional pages are attached			
Total Debts (add column B)	\$		

CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS: If you have any **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, debts assumed by another), you must list them here.

Contingent Assets	Possible Value		
()	\$		
()			
Total Contingent Assets	\$		

Contingent Liabilities	Possible Amount		

	Owed		
()	\$		
()			
Total Contingent Assets	\$		

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated _____

Print name: _____

STATE OF FLORIDA
COUNTY OF LEE

Sworn to and subscribed before me on the ____ day of _____, 20____ by
_____.

NOTARY PUBLIC

[Print, type or stamp commissioned name of notary]

Check one:

_____ Personally known

_____ Produced identification (Type of identification produced _____)

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

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STATE OF FLORIDA
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