

OTHER INCOME

Unemployment compensation and/or Supplemental benefits: _____

Other Self-employment: _____

Business or Profession: _____

Pension & annuities: _____

Workman's compensation: _____

Disability payments: _____

Social Security benefits: _____

Interest: _____

Dividends: _____

Public assistance/welfare: _____

Support payments: _____

Other: _____

OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

Wife/Husband (**circle one**) Name: _____

If your wife/husband is employed, state

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____ (per month) _____

Contributions from parents: _____ (per month) _____

Other contributions: _____ (per month) _____

PROPERTY OWNED

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle

Make: _____ Year: _____ Cost: _____ Amount Owed: _____

Stocks; Bonds: _____

Other: _____

DEBTS AND OBLIGATIONS

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

PERSONS DEPENDENT UPON YOU FOR SUPPORT

Wife/Husband Name: _____

<u>Child (ren) (if any) Name(s)</u>	<u>Age(s)</u>
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Others: <u>Name</u>	<u>Relationship</u>
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I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

I verify that the statements in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA. C. S. § 4904, relating to unsworn falsification to authorities.

Date signed

Petitioner Signature