

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA



FINANCIAL AFFIDAVIT

Applicant Name

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. 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

Please review your bar application to confirm there are no discrepancies between the information located in the bar application and the information you list below. If there is a discrepancy, please file the appropriate amendment to bring your bar application up-to-date.

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.)

TOTAL MONTHLY GROSS INCOME	
Wages, bonuses, commissions, tips and similar payments:	
Business income (gross receipts minus expenses):	
Disability benefits:	
Worker's compensation:	
Unemployment compensation:	
Pension, retirement, or annuity disbursements:	
Social Security benefits:	
Spousal support/alimony received:	
Interest and dividends:	
Rental income (gross receipts minus expenses):	
Gains derived from dealing in property (not including non-recurring gains):	
Income from royalties, trusts or estates:	
Capital gains (do not include non-recurring gains):	
Student loans (average per month):	
Reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses:	
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:	
Mandatory retirement payments:	
Court-ordered alimony (Only if automatically deducted. If not automatically deducted, see OTHER RECURRING MONTHLY EXPENSES section):	
Court-ordered child support (Only if automatically deducted. If not automatically deducted, see MONTHLY CHILDREN'S EXPENSES section):	
Itemize other deductions from gross income:	
TOTAL MONTHLY DEDUCTIONS:	

AVERAGE MONTHLY NET INCOME	
Total monthly gross income (from page 2):	
Total monthly deductions (from page 2):	
Total monthly expenses (from page 6):	
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	
Include the portion of the expenses that your income is used to pay. If your spouse, partner or other person(s) pays for part of an expense, itemize the amount of the expense that you actually pay. NOTE: IF YOU LIST A MORTGAGE PAYMENT, YOU SHOULD HAVE REAL PROPERTY LISTED IN THE ASSET SECTION (PAGE 6) AND A MORTGAGE LOAN IN THE LIABILITIES SECTION (PAGE 7)	
Mortgage:	
Rent:	
Property tax and insurance (ignore if included above):	
Condominium maintenance fees and homeowner's association fees:	
Repairs and maintenance:	
Lawn care:	
Pool maintenance:	
Pest control:	
Alarm service contract:	
Maid service:	
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:	

<u>MONTHLY PERSONAL EXPENSES</u>	
Affiant's medical and dental:	
Affiant's dry cleaning and laundry:	
Affiant's hair care:	
Affiant's prescriptions and non-prescription medication:	
Affiant's clothing:	
Affiant's cosmetics & toiletries (if not included in groceries):	
Itemize other monthly personal expenses:	
TOTAL MONTHLY PERSONAL EXPENSES:	

<u>MONTHLY INSURANCE EXPENSES</u>	
Health (if not included in monthly deductions):	
Dental:	
Life:	
Disability:	
Itemize other insurance expenses:	
TOTAL MONTHLY INSURANCE EXPENSES:	

<u>MONTHLY AUTOMOBILE EXPENSES</u>	
NOTE: IF YOU LIST AN AUTOMOBILE LOAN PAYMENT, YOU SHOULD HAVE AN AUTOMOBILE LISTED IN THE ASSET SECTION (PAGE 6) AND AN AUTOMOBILE LOAN LISTED IN THE LIABILITIES SECTION (PAGE 7). IF YOU LIST AN AUTOMOBILE LEASE PAYMENT, YOU SHOULD LIST THE LEASE AS A LIABILITY ON PAGE 7.	
Automobile loan payment:	
Automobile lease payment:	
Gasoline and oil:	
Repairs:	
Insurance:	
Auto tag/license:	
Rental/replacements:	
Alternative transportation (bus, rail, car pool, etc.)	
Tolls and parking:	

Itemize other monthly automobile expenses:	
TOTAL MONTHLY AUTOMOBILE EXPENSES:	

<u>MONTHLY CHILDREN'S EXPENSES</u>	
Nursery/baby-sitting:	
School tuition:	
School supplies, books, and fees:	
After school activities:	
Private lessons or tutoring:	
Lunch money:	
Allowance:	
Entertainment (movies, parties, etc.):	
Gifts from child(ren) to others (other children, relatives, teachers, etc.):	
Camp or summer activities:	
Clubs (Boy/Girl Scouts, etc.):	
Time-sharing expenses:	
Clothing:	
Medical/Dental/Orthodontic:	
Prescriptions and non-prescription medication:	
Hair care:	
Child support actually paid (Do not list here if already listed in the MONTHLY DEDUCTIONS section):	
Cosmetics/toiletries (if not included in groceries):	
Itemize other children's expenses:	
TOTAL MONTHLY CHILDREN'S EXPENSES:	

<u>OTHER RECURRING MONTHLY EXPENSES</u>	
Professional dues:	
Entertainment:	
Church:	
Tuition, books and school supplies:	
Charities/Gifts:	
Alimony actually paid (Do not list here if already listed in the MONTHLY DEDUCTIONS section):	
Pet expenses:	

Contents of home/apartment:		
Jewelry:		
Insurance (cash value):		
Retirement accounts (IRA, 401K, etc.):		
Money owed to you (not evidenced by a note):		
Business interests:		
Boats:		
Sporting and entertainment equipment:		
Collectibles:		
Contingent assets (income potential, accrued vacation or sick leave, bonus, inheritance, etc.):		
Itemize other assets:		
TOTAL ASSETS:		

LIABILITIES (List all creditors even if you are not presently making payments, including student loans. Do not report those liabilities on which your spouse or partner is the sole obligor.)

CREDITOR NAME	TYPE OF LOAN	AFFIANT BALANCE	AFFIANT + SPOUSE/PARTNER
	1 st mortgage on home-list address below		
	2 nd mortgage on home-list address below		
	Other mortgages-list addresses below		
	Auto loan(s)/lease(s)-list year/make/model		
	Boat loan(s)/lease(s)-list year/make/model		
	Charge/credit card accounts		
	Bank/credit union loan(s)		

