
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____
AFFIDAVIT VERIFYING INCOME

I hereby state under oath that the following information is true:

| A. GROSS INCOME | FATHER | MOTHER |
|---|--------|--------|
| 1. Wages, salary, commissions, bonuses, etc. | _____ | _____ |
| 2. Rent, royalties, trade, or business income, etc. (net of ordinary & necessary expenses) | _____ | _____ |
| 3. Interest, dividends, pensions, annuities, etc. | _____ | _____ |
| 4. Social security, worker's compensation, unemployment benefits, disability, veterans' benefits, etc. | _____ | _____ |
| 5. Public assistance, welfare for self (not children) | _____ | _____ |
| 6. Alimony | _____ | _____ |
| 7. Grants, distributions from trusts, etc. | _____ | _____ |
| 8. Other | _____ | _____ |
| 9. SUBTOTAL | _____ | _____ |

| B. DEDUCTIONS FROM GROSS INCOME (I.C.S.G. Sections F and G) | FATHER | MOTHER |
|--|--------|--------|
| 1. Straight line depreciation on assets | _____ | _____ |
| 2. One-half of self-employment Social Security taxes | _____ | _____ |
| 3. Child support & alimony from another relationship | _____ | _____ |
| 4. Support for child of another relationship living in the home | _____ | _____ |
| 5. DEDUCTIONS SUBTOTAL | _____ | _____ |
| C. GROSS INCOME, AS ADJUSTED (line B5 subtracted from line A9) | _____ | _____ |
| D. IN-KIND BENEFITS (I.C.S.G. Section F(2)) (housing, food, transportation, recreation) | _____ | _____ |
| E. POTENTIAL INCOME (I.C.S.G. Section F(3)) Potential earned income + Potential unearned income | _____ | _____ |
| F. GUIDELINES INCOME (C + D + E) | _____ | _____ |
| G. MONTHLY I.C.S.G. INCOME (F÷12 months) | _____ | _____ |

Typed/printed

Signature

STATE of Idaho)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho
Residing at _____
Commission expires _____