

\_\_\_\_\_  
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

vs.  Plaintiff,   Defendant.	,   ,	Case No.  AFFIDAVIT VERIFYING INCOME
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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	FATHER	MOTHER
(I.C.S.G. Sections 6 and 7)		

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 6(b)) (housing, food, transportation, recreation)	_____	_____
E. POTENTIAL INCOME (I.C.S.G. Section 6(c))		
<u>        </u> Potential earned income + Potential unearned income		
F. GUIDELINES INCOME (C + D + E)	_____	_____
G. MONTHLY I.C.S.G. INCOME (F12 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