
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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 certify that the following information is true:

	Your Name	Other Parent's Name
A. GROSS INCOME	_____	_____
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, disability, unemployment benefits, veterans' benefits, etc.	_____	_____
5. Public assistance, welfare for self (not children)	_____	_____
6. Alimony	_____	_____
7. Grants, distributions from trusts, etc.	_____	_____
8. Other	_____	_____
9. SUBTOTAL	_____	_____

	Your Name	Other Parent's Name
B. DEDUCTIONS FROM GROSS INCOME (I.C.S.G. Sections F and G)	_____	_____
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)	_____	_____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/Printed Name

Signature