
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.
State of Idaho, Department of Health and Welfare

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	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