

If you're 60 or over, call your local legal aid office:

Eastern CT	800-413-7796	Western CT	800-413-7797
Hartford Area	860-541-5000	Bridgeport Area	800-809-4434
Stamford Area	800-541-8909	New Haven Area	203-946-4811

If you're under 60, call SLS for help:



Statewide Legal Services  
1-800-453-3320  
860-344-0380

Search our website for help:



[www.ctlawhelp.org](http://www.ctlawhelp.org)

**FAMILY**

**LEGAL SERVICES**

SELF-HELP SERIES

## *A Guide to* **Financial Affidavits**

August 2017



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- SNAP (food stamps),
- divorce,
- child support,
- domestic violence,
- bankruptcy,
- special education,
- nursing home care,
- health insurance,
- eviction,
- foreclosure,
- and more.

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If you're over 60, call your local legal aid office.

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**Connecticut Legal Services**

[www.ctlegal.org](http://www.ctlegal.org)

**Bridgeport**

1000 Lafayette Blvd 203-336-3851  
Suite 950

**New Britain**

16 Main Street 860-225-8678

**New London**

125 Eugene O'Neill Dr.  
Suite 120 860-447-0323

**Stamford**

20 Summer Street 203-348-9216

**Waterbury**

85 Central Avenue 203-756-8074

**Willimantic**

1125 Main Street 860-456-1761

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**Greater Hartford Legal Aid**

[www.ghla.org](http://www.ghla.org)

999 Asylum Avenue  
Hartford, CT 06105  
860-541-5000

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**New Haven Legal Assistance Association**

[www.nhlegal.org](http://www.nhlegal.org)

205 Orange Street  
New Haven, CT 06510  
203-946-4811

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**Consumer Law Project for Elders**

Free legal assistance to people 60 and over throughout Connecticut who have money/debt problems.

1-800-296-1467

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*A Guide to Financial Affidavits*

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*This booklet was produced by Connecticut Legal Services, Greater Hartford Legal Aid, New Haven Legal Assistance Association, and Statewide Legal Services.*

*The information in this booklet is based on laws in Connecticut as of 8/2017. We hope that the information is helpful. It is not intended as legal advice for an individual situation. Please call Statewide Legal Services or contact an attorney for additional help.*

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## Sample p. 4

### H. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
FURNITURE + HOUSEWARES	\$ 400.00		\$
	\$		\$
	\$		\$
	\$		\$
		<b>Total Net Value of Other Assets:</b>	<b>\$ 400.00</b>

I. Total Net Value All Assets (add items A through H)..... \$ 400.00

### V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number (last 4 numbers only)	Listed Beneficiary	Person Who Controls the Account (Fiduciary)	Current Balance/ Value
				\$
				\$
				<b>Total Net Value of Child(ren)'s Assets: \$</b>

### VI. Health (Medical and/or Dental Insurance)

Company	Name of Insured Person(s) Covered by the Policy

Do you or any member of your family have HUSKY Health Insurance Coverage?  Yes  No  I Don't Know  
If Yes, whom?

#### Important:

If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

#### Summary (Use the amounts shown in Sections I. through IV.)

Total Net Weekly Income (See Section I. 3).....	\$ 317.00
Total Weekly Expenses and Liabilities (Total From Section II. + III.(B)).....	\$ 271.50
Total Cash Value of Assets (See Section IV. I.).....	\$ 400.00
Total Liabilities (Total Balance Due on Debts) (See Section III. (A)).....	\$ 1050.00

#### Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.

I, \_\_\_\_\_ the  Plaintiff  Defendant herein, residing at \_\_\_\_\_, telephone number \_\_\_\_\_, being duly

sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed (Affiant)	Date signed
Signed (Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Section 1-24 of the Connecticut General Statutes)	Date signed
Print name and title of person signing at left	

## Your Financial Information

In divorce, separation, and custody cases, parents must give their financial information to the court. The court needs this information to make orders about child support, alimony, or legal fees.

## How do I give my financial information to the court?

You will need to fill out a *Financial Affidavit* form. You can get the form from the court clerk or from the State of Connecticut Judicial Branch website. If you have very low income, you should use the **short** version of the *Financial Affidavit* (#JD-FM-6-SHORT, <http://www.jud.ct.gov/webforms/forms/fm006-short.pdf>). There is a long version of the form for people who have higher income and assets, but this booklet talks only about the short form.

### Step 1:

It is highly recommended that you get the form at the Judicial Branch website and use a computer to fill it out. The form is a fillable PDF and it will do all of the math calculations for you. Make sure to save your work as you go.

If you have to fill out the form by hand, start with two or more blank copies of the form. You can use the extra copies to practice.

**If you need help filling out the form,  
go to a Court Service Center at  
your local courthouse.**

**Step 2:**

You will need your financial information to fill out the form, including



- pay stubs,
- recent bills you have paid,
- recent bills you have not paid yet,
- your checkbook, and
- bank account statements.

**Step 3:**

Make sure to answer each question and fill out all of the pages. If a question does not apply to you, write "None" or "0." Fill out the form completely, but **do not sign it**. See the next page for instructions on how to fill out the form.

**Step 4:**

After you fill out the form, take it to a notary, a lawyer, or the court clerk. You will have to swear that the information you wrote on the form is true. Then you will sign it and that person will sign as your witness.

**Step 5:**

Make three copies of the completed and signed form.

- Send a copy to your spouse or your spouse's lawyer.
- Keep a copy for your records.
- Take a copy to your court hearing.

**When should I give the court my financial information?**

The court usually needs your financial information at the end of a case, but it may need it sooner sometimes in order to make temporary orders.

**Sample p. 3**

	<input type="checkbox"/> Sole	<input type="checkbox"/> Joint	\$		\$
	<input type="checkbox"/> Sole	<input type="checkbox"/> Joint	\$		\$
	<input type="checkbox"/> Sole	<input type="checkbox"/> Joint	\$		\$
<b>(A). Total Liabilities (Total Balance Due on Debts)</b>			\$	4,050.00	
<b>(B). Total Weekly Liabilities Expense</b>					\$ 20.00

**IV. Assets**  
 Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other. You must complete the last column to the right "Value of Your Interest" in each applicable section.

**A. Real Estate (including time share)**

Address	Ownership			a. Fair Market Value (Estimate)	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
	S	JTS	JTO					
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
<b>Total Net Value of Real Estate:</b>								\$

**B. Motor Vehicles**

Year	Make	Model	Ownership			a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
			S	JTS	JTO				
1:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
2:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
<b>Total Net Value of Motor Vehicles:</b>								\$	

**C. Bank Accounts**  
 Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number (last 4 numbers only)	Ownership			Current Balance/Value	Value of Your Interest
		S	JTS	JTO		
Checking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Total Net Value of Bank Accounts:</b>					\$	

**D. Stocks, Bonds, Mutual Funds**

Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/Value
			\$
			\$
<b>Total Net Value of Stocks, Bonds, Mutual Funds:</b>			\$

**E. Insurance (exclude children) D = Disability L = Life**

Name of Insured	D	L	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/Value
	<input type="checkbox"/>	<input type="checkbox"/>				\$
	<input type="checkbox"/>	<input type="checkbox"/>				\$
<b>Total Net Value of Insurance:</b>						\$

**F. Retirement Plans (Pensions on Interest, Individual IRA, 401K, Keogh, etc.)**

Type of Plan	Name of Plan/Bank/Company	Account Number (last 4 numbers only)	Listed Beneficiary	Receiving Payments		Current Balance/Value
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Total Net Value of Retirement Plans:</b>						\$

**G. Business Interest/Self-Employment**  
 If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
	%	\$
<b>Total Net Value of Business Interest/Self-Employment:</b>		\$



Sample p. 2

2) Mandatory Deductions (If consistent deductions don't occur every pay check provide average amounts.)

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions (claiming exemptions)	\$ 23.00	\$	\$	\$ 23.00
(2) Social Security or Mandatory Retirement	\$	\$	\$	\$
(3) State income tax deductions (claiming exemptions)	\$ 14.00	\$	\$	\$ 14.00
(4) Medicare	\$	\$	\$	\$
(5) Health insurance	\$ 10.00	\$	\$	\$ 10.00
(6) Union dues	\$ 6.00	\$	\$	\$ 6.00
(7) Prior court order — child support or alimony	\$	\$	\$	\$
(8) Total Mandatory Deductions (add items 1 through 7)	\$ 53.00	\$	\$	\$ 53.00

3) Net Weekly Income ..... \$317.00  
 Subtract the Total Mandatory Deductions [see item 1., 2., (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item 1., 1), q.)

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are not currently paying the expense, or if someone else is paying the expense.

Home:

Rent or Mortgage (Principal, Interest) —  \$ 125.00 Property taxes and assessments .....  \$ \_\_\_\_\_  
 Real Estate Taxes and Insurance if escrowed)

Utilities:

Oil .....  \$ 0 Telephone/Cell/Internet .....  \$ \_\_\_\_\_  
 Electricity .....  \$ 12.50 Trash Collection .....  \$ \_\_\_\_\_  
 Gas .....  \$ 11.00 T.V./Internet .....  \$ \_\_\_\_\_  
 Water and Sewer .....  \$ \_\_\_\_\_

Groceries (after food stamps): Including household supplies, formula, diapers .....  \$ 35.00

Transportation:

Gas/Oil .....  \$ \_\_\_\_\_ Auto Loan or Lease .....  \$ \_\_\_\_\_  
 Repairs/Maintenance .....  \$ \_\_\_\_\_ Public Transportation .....  \$ 11.00  
 Automobile Insurance/Tax/Registration ...  \$ \_\_\_\_\_

Insurance Premiums:

Medical/Dental (Out-of-pocket expense after Health Savings Account/Plan) .....  \$ \_\_\_\_\_ Life .....  \$ \_\_\_\_\_  
 Uninsured Medical/Dental not paid by insurance .....  \$ \_\_\_\_\_  
 Clothing .....  \$ \_\_\_\_\_

Child(ren):

Child Support of this case .....  \$ \_\_\_\_\_ Child Care Expense (after deductions, credits and subsidies) .....  \$ 50.00  
 Child Support of other children other than this case (attach a copy of the order) ...  \$ \_\_\_\_\_ Child(ren)'s activities (e.g., lessons, sports, etc.) .....  \$ \_\_\_\_\_  
 Alimony: Payable to this spouse .....  \$ \_\_\_\_\_ Alimony: Payable to another spouse .....  \$ \_\_\_\_\_  
 Extraordinary travel expenses for visitation with child(ren) .....  \$ \_\_\_\_\_  
 Other (Specify): .....  \$ \_\_\_\_\_

Total Weekly Expenses Not Deducted From Pay ..... \$ 251.50

III. Liabilities (Debts)

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name /Type of Debt	Balance Due	Date Debt Incurred/ Revolving	Weekly Payment
Credit Card, Consumer, Tax, Health Care, Other Debt			
Gas Utility Co.	\$ 200.00	11/30/2013	\$ 10.00
Medical (Child)	\$ 850.00	1,000	\$ 10.00

How to fill out the Financial Affidavit form

Get the Financial Affidavit online at [www.jud.ct.gov/webforms/forms/fm006-short.pdf](http://www.jud.ct.gov/webforms/forms/fm006-short.pdf) and download it to your computer, making sure to save it as you go. You can fill it out by hand, but if you use a computer, the form will do the math for you.

Start by filling out the Instructions section at the top of the form.

You must list the

- docket number,
- Judicial district,
- court address,
- name of your case, and
- your name (under "name of affiant").

Look for this information on your other court papers and copy it here. Then check one of these boxes: Plaintiff or Defendant.

Docket number - FA - - S	
For the Judicial District of _____	At (Address of Court) _____
Name of case _____	
Name of affiant (Person submitting this form) _____	
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	

If you started this case, you are the plaintiff. If your spouse or the other parent started this case, then you are the defendant. If this is part of another case, the person who started that case is the plaintiff.

For a sample of a completed affidavit, see page 11.

**I. Income**

**1) Gross Weekly Income/Monies and Benefits from all Sources**

The Financial Affidavit is based on your **weekly** income and expenses. If your income and expenses are not paid weekly, you will have to figure out your weekly average.

If you are paid...	Here's how to get your average weekly gross income:
<b>Bi-weekly</b> Every other week – 26 paychecks per year.	<ul style="list-style-type: none"> <li>• Divide your gross pay in one paycheck by 2.</li> <li>• This is your average weekly pay.</li> </ul>
<b>Semi-monthly</b> Twice a month (for example, you are paid each month on the 15th and 30th) – 24 paychecks per year.	<ul style="list-style-type: none"> <li>• Multiply your gross pay in one paycheck by 2 to get your monthly pay.</li> <li>• Multiply that number by 12 months.</li> <li>• Divide the total by 52 weeks.</li> <li>• This is your average weekly pay.</li> </ul>
<b>Monthly</b> One paycheck per month.	<ul style="list-style-type: none"> <li>• Multiply your gross pay in one paycheck by 12 months.</li> <li>• Divide the total by 52 weeks.</li> <li>• This is your average weekly pay.</li> </ul>
<b>Annually</b> You get an annual salary.	<ul style="list-style-type: none"> <li>• Divide the gross amount you are paid each year by 52.</li> <li>• This is your average weekly pay.</li> </ul>

Your average must be based on at least 13 weeks. If the amounts you write in are based on fewer than 13 weeks, you must explain why in the lines provided.

FINANCIAL AFFIDAVIT  
JD-FM-6-SHORT New 1-14  
P.R. §§ 25-30, 25a-15

STATE OF CONNECTICUT  
SUPERIOR COURT  
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**ADA NOTICE**  
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

**Instructions**

Use this short version if your gross annual income is less than \$75,000 (see Section I. Income) and your total net assets are less than \$75,000 (see Section IV. Assets). Otherwise, use the long version, form JD-FM-6-LONG.

Docket number  
- FA - - S

For the Judicial District of Fairfield At (Address of Court) 1861 Main St., Bridgeport  
 Name of case O'Hara vs. Butler  
 Name of affiant (Person submitting this form) Melanie O'Hara  Plaintiff  Defendant

**Certification**

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.

**I. Income**

**1) Gross Weekly Income/Monies and Benefits From All Sources**

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid:  Weekly  Bi-weekly  Monthly  Semi-monthly  Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

(a) Employer(s) XYZ Co. Address(es) 705 Bigby Rd, Bridgeport CT Base Pay:  Salary  Wages \$ 350.00

Job 1 XYZ Co. 705 Bigby Rd, Bridgeport CT  Salary  Wages \$ 350.00

Job 2 \_\_\_\_\_  Salary  Wages \$ \_\_\_\_\_

Job 3 \_\_\_\_\_  Salary  Wages \$ \_\_\_\_\_

**Total of base pay from salary and wages of all jobs** ..... \$ 350.00

(b) Overtime ..... \$ \_\_\_\_\_ (j) Child Support (Actually received) ..... \$ \_\_\_\_\_

(c) Self-employment ..... \$ \_\_\_\_\_ (k) Alimony (Actually received) ..... \$ \_\_\_\_\_

(d) Tips ..... \$ \_\_\_\_\_ (l) Rental and income producing property ..... \$ \_\_\_\_\_

(e) Social Security ..... \$ \_\_\_\_\_ (m) Contributions from household member(s) ..... \$ \_\_\_\_\_

(f) Disability ..... \$ \_\_\_\_\_ (n) Cash income ..... \$ \_\_\_\_\_

(g) Unemployment ..... \$ \_\_\_\_\_ (o) Veterans Benefits ..... \$ \_\_\_\_\_

(h) Worker's compensation ..... \$ \_\_\_\_\_ (p) Other: ..... \$ \_\_\_\_\_

(i) Public Assistance (Welfare, TFA payments) ..... \$ 20.00

**(q) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through p)** ..... \$ 370.00

Hours worked per week 35

Gross yearly income from prior tax year. Provide amount of income, not copies of forms ..... \$ 19,110.00

List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

## **I. Total Net Value of All Assets**

Add all items in A-H above and write that number.

## **V. Child(ren)'s Assets**

Here you will list any of your kids' trust accounts.

## **VI. Health**

Here you will list the name and address of your health and dental insurance companies and the names of the people your policies cover.

## **Summary**

Write and add the totals from sections I through IV.

## **Certification**

**Do not sign yet!** You must sign the form in front of a court clerk, a notary public, or a lawyer. When you sign this form, you are swearing that the information is true.

**Make 3 copies of the completed, signed form.**

Remember to

- send 1 copy to your spouse or your spouse's lawyer,
- keep one copy for your records, and
- take one copy to your court hearing.

### ***What if I don't earn much money and I need help to pay my court fees?***

You will have to fill out a form called the *Application for Waiver of Fees*. If you need help filling out this form, see the legal aid booklet, *A Guide to Fee Waivers*.

**Section (a) (Job 1, Job 2 and Job 3):** Fill in your **average weekly gross income**, which is the amount you get paid before taxes and other deductions are taken out of your pay. To figure out the average, add your *gross income* for the past 13 weeks (see the chart above to get that amount) and divide the total by 13. If you are not working, put "none" or "0."

- ▶ Lines (b) through (p): If you get money from any other source (such as Social Security, disability, or unemployment), fill in the amounts in the spaces provided.
- ▶ Line (q): Fill in your **Total Gross Weekly Income/Monies and Benefits from All Sources**.

If you're filling out the form by hand, add up lines (b) through (p) and enter it here. In the second field, put your total income from all sources from the year before.

## **2) Mandatory Deductions**

Here you will write the weekly average amount of each deduction taken from your paycheck, including

- Federal income tax,
- Social Security,
- State income tax,
- Medicare,
- health insurance,
- union dues, and
- child support or alimony.

## **3) Net Weekly Income**

This amount is calculated by subtracting your **Total Mandatory Deductions** in part (2) from your **Total Gross Weekly Income** in part (1).

## II. Weekly Expenses Not Deducted From Pay

In this section you must list each of your weekly expenses.

**If a bill is one you pay monthly**, multiply the monthly amount by 12 and divide the total by 52.

**If a bill is one you pay yearly**, divide the yearly amount by 52.

**Tip:** Under **Other**, you can list expenses such as laundry, haircuts, cigarettes, church donations, children's school expenses, school lunches, toys, recreation, movie rentals, toiletries (such as shampoo, contact lens solution, makeup), newspapers, stamps, union dues, etc.

Add all of your expenses in this section and put the total under **Total Weekly Expenses Not Deducted From Pay**.

**Important:** If you have more *income* than *expenses*, that means you have extra money after paying all of your bills. If this is not true for you, think about other expenses that you may have forgotten to write down. By listing *all* of your expenses, the court will know how much support is needed.

## III. Liabilities (Debts)

**Liabilities** are debts that you owe. You must list the amount that you pay **per week** for each debt. List every person or company that you owe money to. Also include overdue items that you have not paid, such as utility and tax bills, credit cards, medical bills, and personal and student loans. Do not include any expenses that are listed in **Section II. Weekly Expenses Not Deducted From Pay**.

**The creditor is the person or company you owe money to.**

- Check the box marked **Sole** if the bill is in your name alone.
- Check the box marked **Joint** if someone else's name is also on the bill (for example, your spouse).

**Balance Due** is the amount you still owe.

**Date Debt Incurred** is the date you took on the debt. If you don't know, try to list the month and year. If the debt is a credit card, you don't need to put a date.

**Weekly Payment** is the amount you pay per week. If you have not made payments, write "0" on this line. If you have already put your auto loan payments under Weekly Expenses, do not list them here.

**Tip:** If your expense is *monthly*, multiply the monthly amount by 12 and divide the total by 52. If your expense is *yearly*, divide the yearly amount by 52.

### **Line (A): Total Liabilities (Total Balance Due on Debts)**

Add all items in the Balance Due column here.

### **Line (B): Total Weekly Liabilities Expense**

Add all items in the Weekly Payment column here.

## IV. Assets

In this section, you will list valuable things that you own. If you do not know the exact value, you can guess. Assets include

- real estate;
- motor vehicles;
- bank accounts;
- stocks, bonds, and mutual funds;
- insurance;
- retirement plans;
- business interest/self-employment; and
- other things you own that are worth money.