

Statement of Income and Expenses

(To be completed if custody is the basis of your request)

Personal Information

Name _____ Date _____
 Address _____ Daytime Phone Number _____
 _____ Social Security Number _____
 New York Case Identifier(s) and county for all support cases involving the children that are now in your custody:
 ID _____ County _____ ID _____ County _____
 ID _____ County _____ ID _____ County _____
 Copies of this form must be sent to each county that you request a review of the additional amount.

Income Information

Annual gross income \$ _____
 Married Yes No
 If yes, please list your spouse's annual gross income \$ _____

Family Expense Information

For any expenses that are paid each week, multiply by 4.3 to obtain a monthly payment. Expenses included under "Other" should be listed separately with separate dollar amounts. Attach additional sheets, if needed. When available, please provide documentary proof of your expenses, for example: a cancelled rent or mortgage check, a utility bill, or receipts.

Please list expenses on a monthly basis:

1. Housing: rent, mortgage, real estate taxes, association fees, condominium charges, cooperative apartment maintenance	1. Total \$ _____
2. Utilities: fuel oil, gas, electricity, telephone, water	2. Total \$ _____
3. Food: groceries, school lunches	3. Total \$ _____
4. Child support payments, alimony and maintenance payments	4. Total \$ _____
5. Clothing	5. Total \$ _____
6. Laundry: Laundromat, dry cleaning	6. Total \$ _____
7. Insurance: life, homeowner's/tenant's, fire, theft and liability, automotive, umbrella policy, medical plan, dental plan, optical plan, prescription drug plan, disability	7. Total \$ _____
8. Unreimbursed health expenses: medical, dental, optical, prescription	8. Total \$ _____
9. Automotive: lease or loan payments, gas and oil, parking and tolls Year: _____ Make: _____ Personal: ___ Business: ___ Year: _____ Make: _____ Personal: ___ Business: ___ Year: _____ Make: _____ Personal: ___ Business: ___	9. Total \$ _____
10. Income taxes: Federal, State, City, Social Security and Medicare	10. Total \$ _____
11. Miscellaneous: union and organization dues, loan payments, unreimbursed business expenses	11. Total \$ _____
12. Other: please list	12. Total \$ _____
1. _____ \$ _____	
2. _____ \$ _____	
3. _____ \$ _____	
4. _____ \$ _____	
TOTAL EXPENSES: \$ _____	