

**A.C.T.~FOR THE CHILDREN  
FINANCIAL DISCLOSURE AFFIDAVIT  
IN SUPPORT OF SCHOLARSHIP APPLICATION**

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(Check applicable court below)

- FAMILY COURT OF THE STATE OF NEW YORK  
 SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

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	Petitioner / Plaintiff	Docket / Case Number  _____
- against -		
	Respondent / Defendant	

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**NOTICE:** You are required to attach to this form a current and representative paycheck stub **OR** a copy of the W-2 Wage and tax statement(s) that was submitted with your most recent State and Federal Income Tax returns, **OR** pages 1 and 2 of the most recently filed Federal Income Tax return.

STATE OF NEW YORK        )  
  ) SS.:  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and say that the  
(insert your name)

following is an accurate statement of my income from all sources:

- I. Annual Income from all sources:** \_\_\_\_\_
- a. **Wages and Salaries** as reportable on Federal and State Income Tax Returns (attach recent pay stub or W-2) :
- 1. Employer's name & address : \_\_\_\_\_  
\_\_\_\_\_  
Employer's telephone number: \_\_\_\_\_
  - 2. Weekly gross salary / wages: \_\_\_\_\_

**NOTE:** ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES

b. **Self-Employment Income** (Describe and list self-employment income; attach Schedule C and pages 1 and 2 of the most recently filed Federal and State income tax returns to this form):

c. **Interest / Dividend Income:** \_\_\_\_\_

d. **Other Income:**

1. Workers Compensation \_\_\_\_\_
2. Disability Benefits \_\_\_\_\_
3. Unemployment Benefits \_\_\_\_\_
4. Social Security Benefits \_\_\_\_\_
5. Veterans Benefits \_\_\_\_\_
6. Pensions and Retirement Benefits \_\_\_\_\_
7. Fellowships / Stipends / Annuities \_\_\_\_\_

3. Number of members in your household, including yourself, for whom you are financially responsible: \_\_\_\_\_

**Note:** Must be signed before a Notary Public \_\_\_\_\_  
(Signature)

Daytime telephone number: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in the State of New York  
County of \_\_\_\_\_

Commission Expires \_\_\_\_\_