

FINANCIAL AFFIDAVIT

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

If you wish to request a waiver of the repayment of your overpayment, you must submit all relevant documentation to the State Employees Retirement Commission for its consideration. **You must also complete, execute and submit this financial affidavit with your documentation as failure to do so will result in a denial of your request for waiver.**

MEMBER'S NAME (Last)	First Name	M.I.	EMPLOYEE NUMBER	ADDRESS (Street, Town, State, Zip)
SPOUSE'S NAME (Last)	First Name	M.I.	SPOUSE'S DATE OF BIRTH	

1. WEEKLY INCOME	A. WEEKLY INCOME FROM PRINCIPAL EMPLOYMENT (SELF AND SPOUSE)					
	DEDUCTIONS (Taxes, FICA , etc.)	AMOUNT/WEEK	DEDUCTIONS (Cont)	AMOUNT/WEEK	GROSS WKLY WAGE FROM PRINCIPAL EMPLOYMENT →	
	1.		4.		TOTAL DEDUCTIONS →	
	2.		5.		NET WEEKLY WAGE →	
	3.		6.			
	B. ALL OTHER INCOME (Include in-kind compensation, gratuities, rents, interest, dividends, pension, etc.)					
	SOURCE OF INCOME	GROSS AMT/WK	SOURCE OF INCOME	GROSS AMT/WK	GROSS WEEKLY INCOME FROM OTHER SOURCES →	
	1.		2.		TOTAL DEDUCTIONS →	
	DEDUCTIONS	AMOUNT/WEEK	DEDUCTIONS	AMOUNT/WEEK	NET WEEKLY INCOME FROM OTHER SOURCES →	
					ADD "NET WEEKLY WAGE" FROM SECTION A. ADD "NET WEEKLY INCOME" FROM SECTION B. AND ENTER TOTAL BELOW.	
					A. TOTAL NET WEEKLY INCOME →	

2. WEEKLY EXPENSES	1. RENT OR MORTGAGE		6. TRANSPOR-TATION	Gas/oil		11. DAY CARE	
	2. REAL ESTATE TAXES			Repairs		12. OTHER (specify below)	
	3. UTILITIES	Fuel		Auto Loan			
		Electricity		Public Trans.			
		Gas		Medical/ Dental			
		Water		Automobile			
		Telephone		Home-owners			
		Trash Collection		Life			
	Cable T.V.		8. MEDICAL / DENTAL				
	4. FOOD		9. CHILD SUPPORT (order of court)				
5. CLOTHING		10. ALIMONY (order of court)					
					B. TOTAL WEEKLY EXPENSES →		

3. LIABILITIES (DEBTS)	CREDITOR (Do not include mortgages or loan balances that will be listed under assets.)	AMOUNT OF DEBT	BALANCE DUE	DATE DEBT INCURRED	WEEKLY PAYMENT
	C. TOTAL LIABILITIES (Total Balance Due on Debts) →				D. TOTAL WEEKLY LIABILITY EXPENSE →

(continued)

4. ASSETS	A. Real Estate	Home	ADDRESS			VALUE (Est)	MORTGAGE	EQUITY
		Other:	ADDRESS			VALUE (Est)	MORTGAGE	EQUITY
		Other:	ADDRESS			VALUE (Est)	MORTGAGE	EQUITY
	B. Motor Vehicles	Car 1:	YEAR	MAKE	MODEL	VALUE	LOAN BALANCE	EQUITY
		Car 2:	YEAR	MAKE	MODEL	VALUE	LOAN BALANCE	EQUITY
	C. Other Personal Property	DESCRIBE AND STATE VALUE OF EACH ITEM						TOTAL VALUE
	D. Bank Accounts	BANK NAME, TYPE OF ACCOUNT, AND AMOUNT						TOTAL BANK ACCOUNTS
	E. Stocks, Bonds Mutual Funds	NAME OF COMPANY, NUMBER OF SHARES, AND VALUE						TOTAL VALUE
	F. Insurance (exclude children)	NAME OF INSURED	COMPANY	FACE AMOUNT	CASH VALUE	AMT. OF LOAN	TOTAL VALUE	
G. Deferred Compensation Plans	NAME OF PLAN (Individual I.R.A. 401K, Keogh, etc) AND APPROX. VALUE						TOTAL VALUE (less loans)	
H. All Other Assets							TOTAL VALUE	
I. Total	E. TOTAL CASH VALUE OF ALL ASSETS →							

5. HEALTH INSURANCE	NAME AND ADDRESS OF HEALTH OR DENTAL INSURANCE CARRIER (Do not include policy number)
	NAME (S) OF PERSON(S) COVERED BY THE POLICY

SUMMARY (Use the amounts shown in boxes A thru E of sections 1-4)			
TOTAL NET WEEKLY INCOME (A)		TOTAL CASH VALUE OF ASSETS (E)	
TOTAL WEEKLY EXPENSES AND LIABILITIES (B+ D)		TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS) (C)	

CERTIFICATION

I certify that the foregoing statement is true and accurate to the best of my knowledge and belief.

SIGNATURE OF MEMBER

DATE

Notary certification: I hereby certify and affirm this Affidavit was signed by the person whose signature appears above. Signed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public: _____

State: _____ Town: _____ My commission expires: _____

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