



TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811
www.conwaynh.org

FINANCIAL AFFIDAVIT

NAME _____
ADDRESS _____

DATE _____
PHONE _____

INCOME & ASSETS

GROSS MONTHLY INCOME _____
NET MONTHLY INCOME _____
OTHER INCOME _____
TOTAL INCOME LAST YEAR _____
SAVINGS ACCOUNT balance _____
CHECKING ACCOUNT balance _____
CREDIT UNION balance _____

REAL OR PERSONAL PROPERTY INCOME
1 _____ \$ -
2 _____ \$ -
3 _____ \$ -
total _____

TOTAL MONTHLY INCOME:

MONTHLY EXPENSES

RENT OR MORTGAGE _____
TAXES _____
HOME INSURANCE _____
UTILITIES Total _____
Water _____
Electricity _____
Heat _____
Other _____
Telephone _____
OTHER Total _____
Food _____
Vehicle _____
Medical _____
Med. Ins. _____
Other _____
Other _____

TOTAL MONTHLY EXPENSES:

I hereby affirm that all the information stated herein is true to the best of my knowledge and belief, and that I may be subject to penalties for material misrepresentations.

Date _____

Date _____

Signature _____

Signature _____

