

BETWEEN

..... Applicant

AND

..... Respondent

AFFIDAVIT OF MEANS

I _____ of the _____ District of the Island of New Providence, one of the Islands of the Commonwealth of The Bahamas, declare and say as follows:-

1. That I am the _____ in the matter herein.
2. That I am employed at _____ as a _____. My monthly income is approximately \$ _____.
3. That I have the following monthly expenses for myself and _____:-

a) Credit Card	\$ _____
b) Electricity	\$ _____
c) Cable	\$ _____
d) Telephone	\$ _____
e) Grocery	\$ _____
f) Gasoline	\$ _____
g) Allowance for Children	\$ _____
h) Mortgage/Rent	\$ _____
i) Water & Sewerage	\$ _____

j) Car Insurance	\$ _____
k) Doctor's Visit	\$ _____
l) Dental Visit	\$ _____
m) Child Support	\$ _____
n) Other _____	\$ _____
 TOTAL	 \$ _____

4. That the _____ and I are the parents of a Minor child namely _____ () years old.

Delete if not applicable

5. That the _____ and I are the sole/ joint Owner of the Matrimonial home situated at _____ in the _____ District of the Island of New Providence, aforesaid, which said home is valued at approximately \$ _____. That I reside at the Matrimonial Home.

6. That save as aforesaid, I have no other property or income.

7. That the contents of this Affidavit are correct and true.

SWORN to this _____ day)
Of _____ 20)

.....

BEFORE ME

.....

Notary Public/Justice of The Peace