|  |  |  |
| --- | --- | --- |
| **State of Illinois** | **)** | **cc.** |
| **County of Cook** | **)** |
| **)** |

|  |
| --- |
| **INSTRUCTIONS**  1. All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.  2.  3. Use additional sheets if necessary |

Tanyia Y. Salgado, being duly sworn states that the following is an accurate statement as of (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of her income from all sources, a statement of his financial assets, monthly living expenses and debts and a statement of health insurance coverage. It is specifically understood that this affidavit is being used in contemplation of settlement of a claim that is being brought against me by Mantik Mui, arising out of an incident on 12-23-2021. Nothing in this affidavit is an admission of liability, guilt or responsibility for the incident, rather it is exclusively used in contemplation of settlement.

|  |  |  |
| --- | --- | --- |
| Name: |  | Telephone Number |
| Address: |  | Social Security Number |
| Date of Birth |  |  |
| Marital Status: |  | Date of Marriage |
| Date of Dissolution of Marriage: |  |  |
|  |  |

Dependents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Date of Birth |  | Residing with |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- |
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|  |  |  |
| --- | --- | --- |
| Current Employer |  | Address: |
| Self-employment |  | Address |
| Other employment |  | Address |
| ● Check if unemployed |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Number of paychecks per year *(Please check* ) Number of exemptions claimed | 12 24 26 52 Other   Withholding Status M S |

Number of dependents   
Gross income from all sources last year:   
Gross income from all sources this year through $   
 *(Year)*

|  |  |  |
| --- | --- | --- |
| Gross Monthly Income *(Compute as 4.33 if paid weekly or 2.17 if paid bi-weekly)* |  |  |
| Salary/wages/base Pay |  |  |
| Overtime/commission |  |  |

|  |  |  |
| --- | --- | --- |
| Bonus |  |  |
| Draw |  |  |
| Pension and Retirement Benefits |  |  |
| Annuity |  |  |
| Interest/dividend Income |  |  |
| Trust Income |  |  |
| Social Security Payments |  |  |
| Unemployment Benefits |  |  |
| Disability Payments / Workers Compensation Public Aid / Food Stamps |  |  |
| Rental Income |  |  |
| Business Income |  |  |
| Partnership Income |  |  |
| Royalty Income |  |  |
| Fellowship / Stipends |  |  |
| Other Income *(specify)* |  |  |
| **Total Gross Monthly Income:** |  |  |

Additional Cash Flow (Monthly)

Maintenance received *(Payments received from*

|  |  |
| --- | --- |
| *prior Judgment or support orders in other actions);* | *$* |

Child support received *(Payments received pursuant*

|  |  |
| --- | --- |
| *to Court order or voluntarily in this or other actions)* | *$* |
| **Total Additional Cash Flow** | *$* |
| **TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES** | *$* |

Statutory Monthly Deductions

|  |  |  |
| --- | --- | --- |
| Federal Tax (based on | withholding status) | $ |
| State Tax (based on withholding status) | | $ |
| FICA (or Social Security equivalent) Medicare Tax | | $  $ |

Mandatory Retirement Contributions required

|  |  |
| --- | --- |
| by law or as condition of employment | $ |

Union Dues

|  |  |  |
| --- | --- | --- |
| (Name of Union: | ) | $ |
| Health/Hospitalization Premiums |  | $ |

Prior Obligation(s) of Support actually paid pursuant to

|  |  |
| --- | --- |
| Court Order(case) | $ |

**TOTAL REQUIRED DEDUCTIONS FROM MONTHLY**

|  |  |
| --- | --- |
| **INCOME**  **Monthly Income** | $  $ |

**STATEMENT OF MONTHLY LIVING EXPENSES** as of

(Do not duplicate; list only under one category)

|  |  |  |
| --- | --- | --- |
| 1. Household |  |  |
| a. Mortgage or Rent *(specify*) |  |  |
| b. Home Equity Loan / Second Mortgage |  |  |
| c. Real Estate Taxes, Assessments |  |  |

|  |  |  |
| --- | --- | --- |
| d. Homeowners or Renters Insurance |  |  |
| e. Heat /Fuel |  |  |
| f. Electricity |  |  |
| g. Telephone *(include long distance)* |  |  |
| h. Cell Phone / Pager |  |  |
| i. Cablevision |  |  |
| j. Water and Sewer |  |  |
| k. Computer |  |  |
| l. Refuse Removal |  |  |
| m. Laundry / Dry Cleaning |  |  |
| n. Maid / Cleaning Service |  |  |
| o. Furniture and Appliance  Repair/Replacement |  |  |
| p. Lawn and Garden / Snow Removal |  |  |
| q. Food *(groceries, household supplies, etc.)* |  |  |
| r. Restaurant Meals |  |  |
| s. Other *(specify)* |  |  |
| **SUBTOTAL HOUSEHOLD EXPENSES** |  |  |

|  |  |  |
| --- | --- | --- |
| 2. Transportation (Number of vehicles\_\_\_\_\_\_\_) |  |  |

|  |  |  |
| --- | --- | --- |
| a. Gasoline |  |  |
| b. Repairs |  |  |
| c. Insurance / License / City Stickers |  |  |
| d. Alternative Transportation |  |  |
| e. Other *(specify)* |  |  |
| **SUBTOTAL TRANSPORTATION EXPENSES:** |  |  |

|  |  |  |
| --- | --- | --- |
| 3. Personal |  |  |
| a. Clothing |  |  |
| b. Grooming |  |  |
| c. Medical *(after insurance proceeds)* |  |  |
| i. Doctor |  |  |
| ii. Dentist |  |  |
| iii. Optical |  |  |
| iv. Medication |  |  |
| v. Counseling |  |  |
| vi. Other |  |  |
| d. Insurance: |  |  |

|  |  |  |
| --- | --- | --- |
| i. Life Insurance Premiums |  |  |
| ii. Medical/Hospitalization Insurance  Premiums *(Not withheld from wages)* |  |  |
| iii. Dental/Optical Insurance Premiums *(Not withheld from wages* |  |  |
| iv. Insurance |  |  |
| v. |  |  |
| vi. |  |  |
| vii. |  |  |
| e. Other *(specify)* |  |  |

|  |  |  |
| --- | --- | --- |
| 4. Miscellaneous |  |  |
| a. Clubs/Social Obligations/Entertainment |  |  |
| b. Newspapers, Magazines, Books |  |  |
| c. Gifts |  |  |
| d. Donations, Church or Religious Affiliation |  |  |
| e. Vacations |  |  |
| f. Tax-deferred Contributions |  |  |
| g. Other *(specify)* |  |  |

|  |  |  |
| --- | --- | --- |
| **SUBTOTAL MISCELLANEOUS EXPENSES:** |  |  |

|  |  |  |
| --- | --- | --- |
| 5. Children’s Separate Expenses: *(Identify special*  *needs)* |  |  |
| a. Clothing |  |  |
| b. Grooming |  |  |
| c. Education: |  |  |
| d. Tuition |  |  |
| e. Books / Fees |  |  |
| f. Lunches |  |  |
| g. Transportation |  |  |
| h. Activities |  |  |
| i. Medical (after insurance proceeds): (1)  Doctor |  |  |
| j. Dentist Optical Medication |  |  |
| k. Counseling |  |  |
| l. Allowance |  |  |
| m. Child Care/Before and After School Care |  |  |
| n. Sitters |  |  |
| o. Lessons and Supplies |  |  |
| p. Clubs / Summer Camps |  |  |

|  |  |  |
| --- | --- | --- |
| q. Vacation |  |  |
| r. Entertainment |  |  |
| s. Other *(Specify)* |  |  |
| **SUBTOTAL CHILDREN’S EXPENSES:** |  |  |

**TOTAL MONTHLY LIVING EXPENSES**

**STATEMENT OF DEBTS AND LIABILITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| CREDITOR | PURPOSE | BALANCE DUE | MONTHLY PMT. |
| **TOTAL MONTHLY DEBT PAYMENT** | | **$** |

**STATEMENT OF HEALTH INSURANCE COVERAGE**

|  |  |
| --- | --- |
| Currently effective health insurance coverage: Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Insured |  |  |  |  |  |
| Name of Insurance Company |  |  |  | Policy or Group No. |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of insurance: | Medical | Dental | Optical |
| Deductible | Per Individual | Per Family: |

|  |  |  |  |
| --- | --- | --- | --- |
| Persons covered: | Self | Spouse | Dependents |
| Type of policy: | HMO | PPO | Standard Indemnity (i.e. 80/20) |
| Provided by: | Employer | Private Policy | Other Group |
| Monthly cost: | Paid by Employer | Paid by Employee: |

|  |  |  |
| --- | --- | --- |
| **RECAP** |  |  |
| MONTHLY INCOME |  |  |
| TOTAL MONTHLY LIVING EXPENSES |  |  |
| DIFFERENCE BETWEEN NET INCOME AND EXPENSES |  |  |
| LESS MONTHLY DEBT PAYMENT |  |  |
| INCOME AVAILABLE PER MONTH |  |  |

LIST ALL STOCKS, BONDS, COUPONS IN WHICH YOU HAVE ANY INTEREST, INDICATING THE NUMBER OF SHARES OWNED AND THE SERIES (I.E. PREFERRED, COMMON ETC., IF APPLICABLE):

AUTOMOBILES IN WHICH YOU HAVE AN INTEREST:

|  |  |
| --- | --- |
| MAKE: | YEAR: |
| MODEL: | VALUE: |

OUTSTANDING LOANS ON VEHICLE:

DUE DATE:   
 LOAN WITH:   
 AMOUNT OF LOAN ON VEHICLE:   
LIST ALL OTHER VEHICLES IN WHICH YOU HAVE AN INTEREST:

DO YOU HAVE ANY INTEREST IN A BUSINESS OR PARTNERSHIP?

YES NO   
IF YES, STATE THE NAME AND LOCATION OF THE BUSINESS AND THE NATURE OF YOUR INTEREST IN THE BUSINESS:

DOES THE BUSINESS HAVE ANY ACCOUNTS RECEIVABLE?

IF SO, STATE THE DEBTOR, THE DEBTOR’S ADDRESS AND THE AMOUNT:

NAME OF YOUR BANK (S):

ADDRESS (ES) OF YOUR BANK:

|  |  |
| --- | --- |
| CHECKING ACCOUNT NO: | BALANCE $ |
| NO:  NO:  SAVINGS ACCOUNT NO: | BALANCE $  BALANCE $  BALANCE $ |
| NO:  NO: | BALANCE $  BALANCE $ |

LIST ALL PERSONAL PROPERTY OWNED BY YOU WHICH VALUE EXCEEDS ONE HUNDRED AND FIFTY DOLLARS ($150.00):

LIST ALL HOUSEHOLD GOODS WHICH VALUE EXCEEDS ONE HUNDRED FIFTY DOLLARS ($150.00):

LIST ALL MONEY AND JEWELRY YOU OWN:

DO YOU HOLD ANY LIENS OR MORTGAGES AGAINST PROPERTY OWNED OR HELD BY

|  |  |
| --- | --- |
| ANY OTHER PERSON OR ENTITY? YES: | NO: |

IF YES, LIST ALL SAID INTERESTS INDICATING THEIR APPROXIMATE VALUE:

LIST ALL RIGHTS THAT YOU OWN UNDER CONTRACT, PATENTS, COPYRIGHTS, NOTES:

|  |  |
| --- | --- |
| DOES ANYONE OWE YOU MONEY? | YES: NO: |

LIST ALL OF THE PERSONS OR BUSINESSES THAT OWE YOU MONEY AND THE AMOUNT OWED AND THE REASON THAT YOU ARE OWED THAT MONEY:

LIST ALL INSURANCE POLICIES ISSUED TO YOU NAMING THE INSURANCE COMPANY, POLICY NUMBER AND TYPE OF POLICY (I.E., MEDICAL, LIFE, HOMEOWNER’S, AUTO, LIABILITY, ETC.):

|  |  |  |
| --- | --- | --- |
| INSURER | POLICY # | TYPE |

LIST ALL LIABILITY INSURANCE POLICIES ISSUED TO OR HELD BY ANY PERSONS WITH WHOM YOU RESIDED WITH ON December 23, 2021, LISTING THE PERSON TO WHOM SAID POLICY WAS ISSUED, THE NAME OF THE INSURANCE COMPANY, POLICY NUMBER, AND WHETHER SAID POLICY WAS FOR GENERAL LIABILITY (I.E., HOMEOWNER’S ETC.) OR IF SAID POLICY WAS FOR MOTOR VEHICLE AND THE LIMITS OF LIABILITY COVERAGE OF SAID POLICY ON December 23, 2021,:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAMED | INSURANCE | POLICY | TYPE OF | POLICY |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INSURED | COMPANY | NUMBER | POLICY | LIMITS |

LIST ALL BANKS AT WHICH YOU HAVE SAFETY DEPOSIT BOXES:

LIST ANY AND ALL REAL ESTATE, BUILDINGS OR BENEFICIAL INTEREST IN REAL ESTATE LAND TRUSTS OWNED BY YOU OR IN WHICH YOU HAVE A LEGAL INTEREST, STATING THE LOCATION ADDRESS OF SAID PROPERTY, ITS ESTIMATED VALUE AND THE NATURE OF THE INTEREST HELD BY YOU:

|  |  |  |
| --- | --- | --- |
| HAVE YOU EVER FILED FOR BANKRUPTCY? | YES: | NO: |

IF SO, LIST WHEN AND WHERE YOU FILED YOUR PETITION:

LIST ALL OUTSTANDING JUDGMENTS THAT YOU HOLD AGAINST ANY PERSON OR ENTITY:

LIST ALL OUTSTANDING JUDGMENTS THAT ANYONE HOLDS AGAINST YOU:

LIST ANY OTHER TITLE OR INTEREST IN ANY OTHER PROPERTY, REAL OR PERSONAL, NOT LISTED ABOVE:

I HAVE ATTACHED TO THIS AFFIDAVIT TRUE AND ACCURATE COPIES OF MY INCOME TAX RETURNS FOR THE LAST THREE TAX YEARS ALONG WITH ALL OF THE ACCOMPANYING DOCUMENTATION THAT WAS SUBMITTED TO THE UNITED STATES INTERNAL REVENUE SERVICE.

|  |  |  |  |
| --- | --- | --- | --- |
| State of Illinois County of Cook | **}** | **ss** |  |

I the undersigned, being first duly sworn on oath under penalty of perjury says that I executed the Affidavit of Assets set forth above and that all of the information contained herein is true, all of the answers are full and complete, that this affidavit is made with the intent to induce Mantik Mui to settle his claim for damages he may have against me, arising out of an incident on or about December 23, 2021, and that I know the contents of said Affidavit of Assets, and that the Affidavit of Assets set forth therein are true.

Tanyia Y. Salgado

|  |  |  |
| --- | --- | --- |
| Signed and sworn to before me this | | day |
| of | , 2022. |

Notary Public