

### APPLICANT FINANCIAL STATEMENT

Name (Last, First, Middle)	Number of Dependent Adults (Include Self)	Number of Dependent Children
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The following information is being asked to assist you and the agency in your child placement planning. Please complete the financial statement using estimated monthly amounts.

**A. MONTHLY INCOME**

1. Family Member _____ Gross pay per month \$ _____	Net pay per month	\$
2. Family Member _____ Gross pay per month \$ _____	Net pay per month	\$
3. Other income (real estate, adoption subsidy, retirement, child support, public assistance, social security, etc.)		\$
		\$
		\$
		\$
<b>TOTAL NET MONTHLY INCOME</b>		\$

**B. MONTHLY EXPENDITURES**

1. Rent or mortgage (including taxes and insurance) .....	\$
2. Utilities (including telephone) .....	\$
3. Other fixed expenses .....	\$
a. Child Care .....	\$
b. Car payments .....	\$
c. Credit card payments .....	\$
d. Other loan payments .....	\$
e. Child support or alimony .....	\$
f. Regular savings/investments .....	\$
g. Other (Specify) .....	\$
<b>TOTAL MONTHLY EXPENDITURES</b>	\$

COMPLETION OF THIS FORM IS REQUIRED FOR THE AGENCY TO PROCEED WITH YOUR APPLICATION FOR A CHILD.

C. ASSETS

	TOTAL VALUE
1. Residence Market value	\$
2. Other real estate Market value	\$
3. Cars - Specify	\$
_____	\$
_____	\$
4. Savings	\$
5. Stocks/Bonds	\$
6. Other assets - Specify	\$
<b>TOTAL ASSETS</b>	\$

D. LIABILITIES

	BALANCE OWED
1. Residence mortgage	\$
2. Other mortgage	\$
3. Cars loans	\$
4. Other loans	\$
5. Credit cards	\$
6. Other	\$
<b>TOTAL LIABILITIES</b>	\$

E. INSURANCE COVERAGE

	Total Coverage Amount	Monthly Cost to Applicant	Company
Life Insurance			
Applicant_____	\$	\$	
Applicant_____	\$	\$	
Children_____	\$	\$	
Medical Insurance	\$	\$	
Automobile Insurance	\$	\$	
Other	\$	\$	

F. ANY PERTINENT INFORMATION NOT COVERED

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Applicant Signature	Date
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Applicant Signature	Date
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