



APPLICANT FINANCIAL STATEMENT

Name (Last, First Middle)	Number of Dependent Adults (Include self)
	Number of Dependent Children

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

Description	Gross Pay per Month	Net Pay per Month
1. Family Member	\$ _____	\$ _____
2. Family Member	\$ _____	\$ _____
3. Other income (real estate, adoption subsidy, retirement, child support, public assistance, social security, etc.)	\$ _____	\$ _____
TOTAL NET MONTHLY INCOME	\$ _____	\$ _____

B. MONTHLY EXPENDITURES

Description	Amount
1. Rent or mortgage (including taxes and insurances)	\$ _____
2. Utilities (including telephone)	\$ _____
3a. Child care	\$ _____
3b. Car payments	\$ _____
3c. Credit card payments	\$ _____
3d. Other loan payments	\$ _____
3e. Child support or alimony	\$ _____
3f. Regular savings/investments	\$ _____
3g. Other (specify)	\$ _____
TOTAL MONTHLY EXPENDITURES	\$ _____

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

Notes (Optional):

C. ASSETS

Asset	Total Value
1. Residence - Market value	\$ _____
2. Other real estate - Market value	\$ _____
3. Cars - Specify	\$ _____
4. Savings	\$ _____
5. Stocks/Bonds	\$ _____
6. Other assets - Specify	\$ _____
TOTAL ASSETS	\$ _____

D. LIABILITIES

Liability	Balance Owed
1. Residence mortgage	\$ _____
2. Other mortgage	\$ _____
3. Car loans	\$ _____
4. Other loans	\$ _____
5. Credit cards	\$ _____
6. Other	\$ _____
TOTAL LIABILITIES	\$ _____

E. INSURANCE COVERAGE

Coverage Type	Total Coverage Amount	Monthly Cost to Applicant	Company
Life Insurance	\$ _____	\$ _____	_____
Applicant	\$ _____	\$ _____	_____
Applicant	\$ _____	\$ _____	_____
Children	\$ _____	\$ _____	_____
Medical Insurance	\$ _____	\$ _____	_____
Automobile Insurance	\$ _____	\$ _____	_____

F. ANY PERTINENT INFORMATION NOT COVERED

Applicant Signature	Date	Applicant Signature	Date