Ohio Department of Children & Youth

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.

1. **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.)TOTAL NET MONTHLY INCOME | $      |
| $      |
| $      |
| $      |
| $      |
| $      |

1. **MONTHLY EXPENDITURES**

|  |  |
| --- | --- |
| 1. Rent or mortgage (including taxes and insurances) | $      |
| 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) | $      |
| TOTAL MONTHLY EXPENDITURES | $      |

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

1. ASSETS D. LIABILITIES

|  |  |
| --- | --- |
|  | TOTAL VALUE |
| 1. ResidenceMarket value | $      |
| 2. Other real estateMarket value | $      |
| 3. Cars – Specify | $      |
|        | $      |
|        | $      |
| 4. Savings | $      |
| 5. Stocks/Bonds | $      |
| 6. Other assets - Specify | $      |
| **TOTAL ASSETS** | $      |

|  |  |
| --- | --- |
|  | BALANCE OWED |
| 1. Residence mortgage | $      |
| 2. Other mortgage | $      |
| 3. Car loans | $      |
| 4. Other loans | $      |
| 5. Credit cards | $      |
| 6. Other | $      |
| **TOTAL LIABILITIES** | $      |

1. INSURANCE COVERAGE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Coverage Amount | Monthly Cost to Applicant | Company |
| Life Insurance | $      | $      |       |
| Applicant       | $      | $      |       |
| Applicant       | $      | $      |       |
| Children       | $      | $      |       |
| Medical Insurance | $      | $      |       |
| Automobile Insurance | $      | $      |       |
| Other | $      | $      |       |

1. ANY PERTINENT INFORMATION NOT COVERED

|  |  |
| --- | --- |
| Applicant Signature | Date      |

|  |  |
| --- | --- |
| Applicant Signature | Date      |