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. Residence  Market value | $ |
| 2. Other real estate  Market 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 |