## APPLICANT FINANCIAL STATEMENT

Name (Last, First, Middle)		Number of Dependent Adults (Include Self)	Number of Dependent Children			
The following information is being financial statement using estimated  A. MONTHLY INCOME		nd the agency in your child p	lacement planning. Ple	ase complete the		
Family Member	Gross pay p	er month \$	Net pay per month	\$		
	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 M	ONTHLY INCOME	\$		
B. MONTHLY EXPENDITURE	S			•		
Rent or mortgage (including taxe)				\$		
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)						
			ILY EXPENDITURES	\$		

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

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	TOTAL VALUE			BALANCE O	WED	
Residence		1. Residence m	ortgage	S		
Market value	\$	2. Other mortg	age	s		
<ol> <li>Other real estate</li> <li>Market value</li> </ol>	s	3. Cars loans	3. Cars loans		\$	
3. Cars - Specify	\$	4. Other loans	4. Other loans			
	\$	5. Credit cards		\$		
	s	6. Other		\$		
. Savings	\$	TOTAL LIAB	BILITIES	\$		
. Stocks/Bonds	\$					
Other assets - Specify	\$					
TOTAL ASSETS	\$					
INSURANCE COVER	AGE				•	
	Total Coverage Amount	Monthly Cost to Applicant		Company		
ife Insurance						
Applicant	\$	\$				
Applicant	\$	\$				
Children	\$	\$				
Medical Insurance	\$	\$				
Automobile Insurance	\$	\$				
Other	\$	\$				
	NFORMATION NOT COVER	ED				
ANY PERTINENT II						
ANY PERTINENT II						
ANY PERTINENT II						
ANY PERTINENT II						
ANY PERTINENT II						

D. LIABILITIES

**ASSETS**