



Family Name: _____

Creating a legacy of thriving families from the adoption plan to child's independence

FINANCIAL STATEMENT

Applicant 1: Last Name _____ First Name _____

Applicant 2: Last Name _____ First Name _____

INCOME		Annual Gross	Annual Net - After Tax	Monthly Net - After Tax	Source of Income
Annual Income	Applicant 1				
	Applicant 2				
Other Annual Income	Applicant 1				
	Applicant 2				
	Total				

EXPENSES	Monthly Cost
Mortgage, Tax, and Property Insurance	
Vehicle Loan Payments	
Credit Cards <i>(if you have a balance)</i>	
Utilities (electricity, gas, water, waste)	
Communication (internet, phones including cell, cable)	
Food	
Insurance (Life, Health, Disability)	
Household Maintenance	
Transportation Expense (insurance, fuel, maintenance, public transportation)	
Student Loan Payments	
Clothing	
Donations & Contributions	
Other Debt Payments	
Miscellaneous	
Total Monthly Expenses	

ASSETS	Amount
Personal Property (including vehicles)	
Home Value and other Real Estate	
Investments	
Saving and Cash	
Retirement (401K, 403B, IRA)	
Total Assets	

LIABILITIES	Amount
Mortgage (include HELOC or 2 nd mortgage)	
Vehicle Loans	
Student Loans	
Credit Cards/Personal Loans	
Other Debts	
Total Liabilities (Debts)	

NET WORTH (Assets – Liabilities)	
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Monthly Income	Monthly Expenses	Difference

We attest that the included financial information is an accurate summary of our assets, liabilities, income, expenses, and conditions:

Applicant 1: Signature: _____ Date: _____

Applicant 2: Signature: _____ Date: _____