

# FINANCIAL STATEMENT FOR FOSTER AND/OR ADOPTIVE APPLICANTS

*This financial statement is prepared for AGAPE of North Alabama, Inc. as part of the application to 1) operate a foster family home for children and/or 2) adopt a child. Return the original completed form to AGAPE of North Alabama, Inc., P.O. Box 127, Madison, AL 35758. Attach additional sheets as needed.*

**Prepared by** (please print) \_\_\_\_\_

Date Prepared \_\_\_\_\_ County of Residence \_\_\_\_\_

*Married applicants – complete all sections on both persons*

*Single applicants - complete only those sections that apply to you as an individual*

	<b>NET Monthly Income</b>	<b>Total Monthly Amount</b>
<b>Prospective Father</b>		
Full Name _____	Earnings \$ _____	
SSN _____	Other _____ Specify _____	\$ _____
<b>Prospective Mother</b>		
Full Name _____	Earnings \$ _____	
SSN _____	Other _____ Specify _____	\$ _____
	<b>A. Total NET Monthly Income</b>	\$ _____

**ASSETS** (Please itemize; use additional sheet(s) as necessary)

Cash in Bank (Current Savings) ..... \$ \_\_\_\_\_

Cash in Bank (Average Checking) ..... \$ \_\_\_\_\_

Stocks (Estimated Value) ..... \$ \_\_\_\_\_

Bonds (Estimated Value) ..... \$ \_\_\_\_\_

**Automobiles**

**Current Market Value**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ \$ \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Life Insurance** (list company names)

Prospective Father \_\_\_\_\_ \$ \_\_\_\_\_

Prospective Mother \_\_\_\_\_ \$ \_\_\_\_\_

**Health/Medical Insurance** on all household members (list company names)

Prospective Father \_\_\_\_\_

Prospective Mother \_\_\_\_\_

Children \_\_\_\_\_

**Home** \_\_\_\_\_ \$ \_\_\_\_\_

	Date of Purchase	Purchase Price	Equity	
				<b>Current Market Value</b>

**Other Assets and Estimated Value** (Please itemize; use additional sheet(s) as necessary) \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**INDEBTEDNESS** (Please itemize; use additional sheet(s) as necessary)

	To who owed:	For what:	Monthly Payments (or prorated monthly)	Remaining Balance
Personal Loans or Installment Accounts	1. _____	_____	_____	\$ _____
	2. _____	_____	_____	\$ _____
	3. _____	_____	_____	\$ _____
Real Estate & Other Loans	Real Estate (home and/or other property)	_____	_____	\$ _____
	Loan on Life Insurance	_____	_____	\$ _____
	Automobile Loan(s)	_____	_____	\$ _____
	Other (specify)	_____	_____	\$ _____
	<b>Total Owed</b> \$ _____			\$ _____

# MONTHLY EXPENSES WORKSHEET

*If not monthly, prorate into a monthly amount.*

**Total Monthly Amount**

1.	Rent or Mortgage Payment, Tax, and Insurance .....		\$ _____
2.	Home Maintenance – repairs, improvements	\$ _____	
	Lawn and garden expense	+ _____	= \$ _____
3.	Groceries (include dining out and food delivered in) .....		\$ _____
4.	Utilities (include power, gas, water, phone, garbage, cable) .....		\$ _____
5.	Clothing .....		\$ _____
6.	Medical and Dental (monthly average) .....		\$ _____
7.	Vehicle Expenses: Payment	\$ _____	
	Tax and Tag (use last year's figures)	+ _____	
	Gas	+ _____	
	Upkeep/maintenance	+ _____	= \$ _____
8.	Insurance: Life	\$ _____	
	Health	+ _____	
	Car	+ _____	
	Household (if not included in 1. above)	+ _____	
	Burial	+ _____	
	Other	+ _____	= \$ _____
9.	Newspapers, Magazines, Books (estimate) .....		\$ _____
10.	Recreation and Hobbies .....		\$ _____
11.	Church and Charity Contributions .....		\$ _____
12.	Installment Accounts (credit cards, bank loans; amount from <b>Monthly Indebtedness</b> from page 1; <i>do not include house or car payment</i> ) .....		\$ _____
13.	Dues (club memberships, professional dues) .....		\$ _____
14.	Savings and/or Investments .....		\$ _____
15.	Child Support/Alimony .....		\$ _____
16.	Other Expenses Not Listed Above (specify) .....		\$ _____
<b>B. Total Monthly Expenses</b>			<b>\$ _____</b>

## HOUSEHOLD'S TOTAL MONTHLY INCOME AND EXPENSES

Enter your household's monthly net income from A. on page 1.	\$ _____	<b>Total Monthly Net Income</b>
Subtract your household's total monthly expenses from B. above.	\$ _____	<b>Total Monthly Expenses</b>
Enter your excess monthly income (which should be sufficient to cover a child's needs).	\$ _____	<b>Excess Monthly Income</b>

By signing below, I verify that the information on this financial form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date