

# FOSTER FAMILY BUDGET

## APPLICANT #1

Name \_\_\_\_\_ \*Current Employment \_\_\_\_\_

\*Gross Monthly Income \_\_\_\_\_ \*Net Income \_\_\_\_\_

\*Other Sources of Income/Resources:

Source: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Total Monthly Net Income: \_\_\_\_\_

## APPLICANT #2

Name \_\_\_\_\_ \*Current Employment \_\_\_\_\_

\*Gross Monthly Income \_\_\_\_\_ \*Net Income \_\_\_\_\_

\*Other Sources of Income/Resources:

Source: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

Total Monthly Net Income: \_\_\_\_\_

## EXPENSES

Expense	Monthly Amount	Fixed or Estimated Amount?
House Payment or Rent		
Medical		
Groceries		
Child Care		
Car Payments		
Credit Card Payments		
Utilities (gas, electricity, water, phone, trash, etc.)		
Clothing		
Entertainment		
Other (use as many spaces as needed)		
<b>Total Monthly Expenses</b>		

Total Monthly Income/Resources \$ \_\_\_\_\_

Total Monthly Expenses: \$ \_\_\_\_\_

Difference (positive or negative amount) \$ \_\_\_\_\_

Number of adults in the home: \_\_\_\_\_

Number of children in the home: \_\_\_\_\_  
(For renewals, please indicate how many children in the home are foster children.)

Please retain this form and give it to the DCF surveyor at the time of your initial inspection **OR** to your sponsoring agency licensing worker at the time of renewal.

**FAMILY FINANCES CAN BE COMPLICATED AND THIS IS A SUMMARY FORM ONLY. PLEASE FEEL FREE TO ATTACH A SHORT EXPLANATORY STATEMENT IF YOU FEEL IT WILL ASSIST IN UNDERSTANDING YOUR FINANCIAL SITUATION.**

\*Please provide documentation for income of all types. **Documentation will only be reviewed. It will not be taken from the foster parents nor maintained by the Division.**

\_\_\_\_\_

Foster Parent signature                      Date

\_\_\_\_\_

Foster Parent Signature                      Date

\_\_\_\_\_

DCF Surveyor                                      Date

\_\_\_\_\_

CPA Staff    Date

