

Adoptive 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 *(do not include medical expenses that are already taken out of your paycheck)* | | |
| Groceries & Eating out *(do not add what you get for food assistance, only note the cash you spend)* | | |

| Expense | Monthly Amount | Fixed or Estimated Amount? |
|--|----------------|----------------------------|
| Child Care | | |
| Car Payments | | |
| Credit Card Payments | | |
| Utilities (gas, electricity, water, trash, etc.) | | |
| Clothing | | |
| Entertainment/gifts | | |
| Phone (Cell, land line) | | |
| TV (Cable & Streaming) | | |
| Internet | | |
| Auto Insurance | | |
| Home/rental insurance | | |
| Life Insurance | | |
| Loans (student, payday, title, vehicle etc.) | | |
| Vehicle (Fuel & Maintenance) | | |
| Subscription Services (Magazines, Apps., Misc Monthly Memberships) | | |
| Lawncare, maintenance services | | |
| Trips (Vacations & School Field Trips) | | |
| Recreational Activities | | |
| Other | | |
| | | |
| Total Monthly Expenses | | |
| | | |

Total Monthly Income/Resources \$ _____

Total Monthly Expenses: \$ _____

Difference (positive or negative amount) \$ _____

Number of adults in the home: _____

Number of children in the home: _____
 (Indicate how many children in the home are foster children.)

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 adoptive parents nor maintained by the assessor.

Adoptive Parent signature

Date

Adoptive Parent Signature

Date

CPA Staff

Date

