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: _____

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