|  |
| --- |
| 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

