



### Foster Care & Adoption | Financial Data Form

Income	Applicant 1	Applicant 2
Annual Gross Income	\$ _____	\$ _____

Other Income: **Please** include amount and source for both applicants \_\_\_\_\_

Assets	Applicant 1	Applicant 2
Savings/Checking	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Pension/Retirement	\$ _____	\$ _____
Home Market Value	\$ _____	\$ _____

Other Assets: **Please** include description and value of additional assets for both applicants \_\_\_\_\_

Total Combined Assets \$ \_\_\_\_\_

Debts	Monthly Payment	Outstanding Balance
Home Mortgage/Rent	\$ _____	\$ _____
Loan, Type:	\$ _____	\$ _____
Loan, Type:	\$ _____	\$ _____
Loan, Type:	\$ _____	\$ _____
Credit Cards/Other Accts	\$ _____	\$ _____
Outstanding Medical Bills	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____

Other Significant Debt: Please include description and value of additional debts for both applicants \_\_\_\_\_

Total Combined Debts \_\_\_\_\_

Total Living Expenses - Include: groceries, utilities, other recurring monthly expenses not included above. \_\_\_\_\_

Insurance	Applicant 1	Applicant 2
Life Insurance	\$ _____	\$ _____
Disability Insurance	\$ _____	\$ _____
Name of Health Insurer (company/agency that will cover adopted child)	_____	
Policy Holder	_____	
When would coverage of adopted child begin?	_____	
Does policy cover pre-existing conditions? _____	Do you have dental coverage? _____	

Applicant 1  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_