

FINANCIAL INFORMATION



Children's Home Society of Minnesota



Lutheran Social Service of Minnesota

INCOME	APPLICANT 1	APPLICANT 2
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Annual Gross Income \$ _____ \$ _____

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

ASSETS	APPLICANT 1	APPLICANT 2
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Savings/Checking \$ _____

Investments \$ _____

Pension/Retirement \$ _____ \$ _____

Home Market Value \$ _____

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

Total Combined Assets		
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DEBTS	MONTHLY PAYMENT	OUTSTANDING BALANCE
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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		
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Total Living Expenses: <i>Include: groceries, utilities, other recurring monthly expenses not included above.</i>		
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INSURANCE	APPLICANT 1	APPLICANT 2
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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? Yes No Do you have dental coverage? Yes No

APPLICANT 1 Signature _____	Printed Name _____	Date _____
APPLICANT 2 Signature _____	Printed Name _____	Date _____