FINANCIAL STATEMENT FOR FOSTER AND/OR ADOPTIVE APPLICANTS

This financial statement is prepared for the Alabama Department of Human Resources as part of the application to (1) operate a foster family home for children and/or (2) adopt a child. ***Return the original completed form to the County Department of Human Resources.*** *Attach additional sheets as needed.*

Prepared by (please print) _____

Date Prepared _____ County of Residence _____

Married applicants – complete all sections on both persons
Single applicants - complete only those sections that apply to you as an individual

Total Monthly Amount

Prospective father **Monthly Net Income**

Full Name _____ Earnings $_____

SSN _____ Other _____ $_____
Specify

Prospective mother **Monthly Net Income**

Full Name _____ Earnings $_____

SSN _____ Other _____ $_____
Specify

A. Total Monthly Net Income $_____

ASSETS (Please itemize; use additional sheet(s) as necessary)

Cash in Bank (Current Savings) $_____

Cash in Bank (Average Checking) $_____

Stocks (Estimated Value) $_____

Bonds (Estimated Value) $_____

Automobiles **Current Market Value**

Make_____ Model_____ Year_____ Purchase Price_____ $_____

Make_____ Model_____ Year_____ Purchase Price_____ $_____

Life Insurance (List company names)

Prospective father _____ $_____

Prospective mother _____ $_____

Health/Medical Insurance on all household members (List company names)

Prospective father _____

Prospective mother _____

Children _____

Home _____ _____ _____ $_____
Date of Purchase Purchase Price Equity Current Market Value

Other Assets and Estimated Value (Please itemize; use additional sheet(s) as necessary) $_____

Total Assets $_____

INDEBTEDNESS (Please itemize; use additional sheet(s) as necessary)

	To Whom Owed	For What	Monthly Payments (or prorated monthly)	Remaining Balance
Personal Loans or Installment Accounts	(1) _____	_____	_____	$_____
	(2) _____	_____	_____	$_____
	(3) _____	_____	_____	$_____
Real Estate & Other Loans	Real Estate	_____	_____	$_____
	Loan on Life Insurance	_____	_____	$_____
	Automobile Loan	_____	_____	$_____
	Other (specify)	_____	_____	$_____
		Total Owed	$_____	$_____

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MONTHLY EXPENSES WORKSHEET

If not monthly, prorate into a monthly amount.

			Total Monthly Amount
1. Rent or Mortgage Payment, Tax, and Insurance		$_____	$_____
2. Home Maintenance - repairs, improvements		$_____	
	lawn and garden expense	$_____	$_____
3. Groceries (include dining out and food delivered in)			$_____
4. Utilities (include power, gas, water, phone, garbage, cable)			$_____
5. Clothing			$_____
6. Medical and Dental (monthly average)			$_____
7. Vehicle Expenses:	Gas	$_____	
	Tax and tag (use last year's figures)	$_____	
	Payment	$_____	
	Upkeep/maintenance	$_____	$_____
8. Insurance:	Life	$_____	
	Health	$_____	
	Car	$_____	
	Household (if not included in 1. Above)	$_____	
	Burial	$_____	
	Other	$_____	$_____
9. Newspapers, Magazines, Books (estimate)			$_____
10. Recreation and Hobbies			$_____
11. Church and Charity Contributions			$_____
12. Installment Accounts (credit cards, bank loans; amount from ***Monthly Indebtedness*** from page 1; do not include house payment)			$_____
13. Dues (club memberships, professional dues)			$_____
14. Savings and/or Investments			$_____
15. Child Support/Alimony			$_____
16. Other Expenses Not Listed Above (specify)			$_____
		B. Total Monthly Expenses	$_____

HOUSEHOLD'S TOTAL MONTHLY INCOME AND EXPENSES

Enter your household's monthly net income from **A.** on page 1.	$_____	**Total Monthly Net Income**
Subtract your household's total monthly expenses from **B.** above.	$_____	**Total Monthly Expenses**
Enter your excess monthly income which should be sufficient to cover a child's needs.	$_____	**Excess Monthly Income**

By signing below, I verify that the information on this financial form is true and correct to the best of my knowledge.

_____ _____
Signature Date

_____ _____
Signature Date