



3355 Lenox Road Suite 750 Atlanta, Georgia 30326 / Phone 678-860-0849 / [www.myadoptionresources.com](http://www.myadoptionresources.com)

**FINANCIAL FORM**

<b>FINANCIAL INFO:</b>	<b>APPLICANT 1:</b>	<b>APPLICANT 2:</b>
Occupation		
Name & Address of Employer		
Date Employed		
Annual Gross Salary		
Other Household Income (please specify)		
Total Gross Monthly Income		
Name Life Insurance Policy		
Policy Amount		
Beneficiary of Life Insurance Policy		
Health Insurance Company ( <b>please provide copy of insurance card</b> )		
Will the prospective adopted child be able to be covered on your health insurance policy from the date of placement?		
Is there a waiting period for pre-existing conditions? (please specify)		
Name of Automobile Insurance Provider ( <b>please provide a copy of your automobile insurance car</b> )		

**ASSETS:** *\*Please attach a copy of your Warranty Deed, Mortgage Payment Stub or Lease Agreement*

Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment/Rent:\$
Amount of Remaining Mortgage: \$	Approximate Market Value:\$

Type of Asset	Total Value
Home 1	\$
Home 2	\$
Value of Vehicles	\$
Personal Checking Accounts	\$
Savings Accounts	\$
401k	\$
Personal Property	\$
	\$
	\$
<b>Total Assets:</b>	\$

**DEBTS:**

Type of Debt	Lender	Total Owed	Monthly Payment
Mortgage 1		\$	\$
Mortgage 2		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Personal Loan		\$	\$
Personal Loan		\$	\$
Student Loans		\$	\$
Automobile Loan 1		\$	\$
Automobile Loan 2		\$	\$
		\$	\$
		\$	\$
<b>Total:</b>		\$	\$

**MONTHLY EXPENSES:**

Mortgage Payment:	\$
Mortgage Payment:	\$
Credit Card/Loan Payments (Totaled)	\$
Automobile Loans	\$
Electricity:	\$
Gas Service:	\$
Water/Sewage:	\$
Car Insurance:	\$
Gasoline for car:	\$
Health/Dental/Life Insurance:	\$
Medical and Prescription Expenses:	\$
Cable/Internet/Home Telephone	\$
Cell Phone:	\$
Groceries:	\$
Clothing:	\$
Tithes/Charitable Contributions:	\$
Daycare	\$
	\$
	\$
<b>Total Monthly Expenses:</b>	\$

**FINACIAL SUMMARY:**

Total Gross Monthly Income:\$ \_\_\_\_\_

Total Monthly Expenses:\$ \_\_\_\_\_

**Total Monthly Excess Income Available: \$ \_\_\_\_\_**

Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_

*Comments from Applicants regarding Financial Report:*