



FINANCIAL STATEMENT/MONTHLY BUDGET			
MONTHLY INCOME & STIPEND			
Source		Gross Amount (monthly)	Net (Take Home) Amount (monthly)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Monthly Income:		\$	\$
Total Foster Care and/or Adoption Assistance Stipend:			\$
VEHICLES (AUTOMOBILES, ETC.)			
Make/Model	Year	Monthly Payment	Balance Due
		\$	\$
		\$	\$
		\$	\$
Total		\$	\$
HOUSEHOLD EXPENSES			
Category		Monthly Expense	Balance Due
Total Vehicle Payments (from above)		\$	\$
Mortgage <input type="radio"/> Rent (select one) (Include insurance and taxes)		\$	\$
Utilities		\$	\$
Food/Groceries		\$	\$
Transportation (gas, insurance, etc.)		\$	\$
Credit Card Debt		\$	\$
Other Loans		\$	\$
Child Care		\$	\$
Education (tuition)		\$	\$
Medical Expense & Medical Insurance		\$	\$
Clothing for Foster Kids		\$	\$
Entertainment		\$	\$
Charitable Contributions		\$	\$
Child Support/Alimony Payment		\$	\$
Miscellaneous (specify):		\$	\$
		\$	\$
Total		\$	\$

Name of Bank(s): _____

Checking Balance: \$ _____ Saving Balance: \$ _____ as of: ___ / ___ / ___

Gross taxable income claimed on last tax return: \$ _____ Tax Year: _____

I verify that the above information is complete and accurate:

Applicant Name: _____ Signature: _____ Date: _____

Co-Applicant Name: _____ Signature: _____ Date: _____