

Foster Applicant Financial Statement

Please complete this financial statement accurately. This form is designed to be filled out and printed for the foster care application process.

1. General Information

Applicant 1 Full Name:	<input type="text"/>
Applicant 2 Full Name (if applicable):	<input type="text"/>
Street Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

2. Monthly Income

Specify gross monthly income from all sources.

Income Source	Applicant 1 (Monthly)	Applicant 2 (Monthly)
Primary Employment Salary	\$ <input type="text"/>	\$ <input type="text"/>
Secondary Employment / Part-time	\$ <input type="text"/>	\$ <input type="text"/>
Child Support or Alimony Received	\$ <input type="text"/>	\$ <input type="text"/>
Social Security / Pension / Disability	\$ <input type="text"/>	\$ <input type="text"/>
Public Assistance / Other Benefits	\$ <input type="text"/>	\$ <input type="text"/>
Other Income (specify source below)	\$ <input type="text"/>	\$ <input type="text"/>
Other Income Source Description:	<input type="text"/>	
Total Combined Monthly Income:	\$ <input type="text"/>	

3. Monthly Expenses

Specify estimated monthly household expenses.

Expense Category	Monthly Cost
Mortgage Payment or Rent	\$ <input type="text"/>
Homeowners / Renters Insurance	\$ <input type="text"/>
Property Taxes (if not in mortgage)	\$ <input type="text"/>
Utilities (Gas, Electric, Water, Trash)	\$ <input type="text"/>
Telecommunications (Phone, Internet, Cable)	\$ <input type="text"/>
Groceries and Food	\$ <input type="text"/>
Car Payments / Transportation Costs	\$ <input type="text"/>
Auto Insurance	\$ <input type="text"/>

Expense Category	Monthly Cost
Health Insurance & Medical Out-of-Pocket	\$ <input type="text"/>
Credit Card & Minimum Loan Payments	\$ <input type="text"/>
Child Care or Education expenses	\$ <input type="text"/>
Other Miscellaneous Expenses	\$ <input type="text"/>
Total Monthly Expenses:	\$ <input type="text"/>

4. Assets & Liabilities

Assets (What you own)	Estimated Value	Liabilities (What you owe)	Outstanding Balance
Real Estate (Primary Home)	\$ <input type="text"/>	Mortgage Balance	\$ <input type="text"/>
Savings & Checking Accounts	\$ <input type="text"/>	Car Loans	\$ <input type="text"/>
Retirement Accounts (401k, IRA)	\$ <input type="text"/>	Student Loans	\$ <input type="text"/>
Vehicles (Value of cars, boats, etc.)	\$ <input type="text"/>	Total Credit Card Debt	\$ <input type="text"/>
Other Assets	\$ <input type="text"/>	Other Debts / Liabilities	\$ <input type="text"/>
Total Assets:	\$ <input type="text"/>	Total Liabilities:	\$ <input type="text"/>

5. Financial Summary

Total Monthly Income:	\$ <input type="text"/>
Minus Total Monthly Expenses:	-\$ <input type="text"/>
Net Disposable Monthly Income:	\$ <input type="text"/>

6. Declaration and Signatures

I/We hereby certify that the information provided in this financial statement is true, accurate, and complete to the best of my/our knowledge. I/We understand that this information is used as part of the evaluation process for becoming foster parents.

Applicant 1 Signature

Date (MM/DD/YYYY)

Applicant 2 Signature

Date (MM/DD/YYYY)