

FOSTER CARE APPLICANTS FINANCIAL STATEMENT

NET MONTHLY INCOME:

Applicant 1: _____

(After Taxes)

Applicant 2: _____

Other Sources of Income (Child Support, etc.) _____

Total: _____

MONTHLY EXPENSES:

Rent/Mortgage: _____

Auto: _____
(car loan, insurance, repairs, gas, etc.)

2nd Auto: _____

Utilities: _____
(gas/electric/water/cable/trash)/phone):

Clothing: _____

Groceries: _____

Daycare: _____

Other: _____

Total: _____

OTHER EXPENSES

MONTHLY PAYMENT

BALANCE

(Bank loans/credit cards)

Current Balance Bank Accounts

Checking: _____

Savings: _____

Insurance Policies (check box)

Homeowners

Renters

Auto

Medical

Have you ever filed for bankruptcy?

If yes, state reason and date _____
(use additional paper if needed)

Applicant 1. _____ Date: _____

Applicant 2. _____ Date _____

PLEASE ATTACH A COPY OF YOUR PREVIOUS YEARS TAX RETURN OR A COPY OF YOUR LAST 3 MONTHS PAYCHECK STUBS FOR ALL ADULT MEMBERS OF THE HOUSEHOLD