



ADOPTIVE FAMILY FINANCIAL STATEMENT

Adoptive Applicant#1 Full Name: _____

LAST FIRST

Adoptive Applicant#2 Full Name: _____

LAST FIRST

Income:	Annual Gross	Other Annual Income	Life Insurance Amount, if any
Applicant #1	\$	\$	

Income:	Annual Gross	Other Annual Income	Life Insurance Amount, if any
Applicant #2	\$	\$	

ASSETS:	Current Value
Real Estate-Primary Residence	\$
Real Estate-Other	\$
Personal Property	\$
Automobiles	\$
Savings and Cash	\$
Stocks/Bonds/Retirement	\$
Checking Accounts	\$
Recreational Vehicles/Boats	\$
Other (specify):	\$
Other (specify):	\$
Other (specify):	\$
TOTAL ALL ASSETS	\$

EXPENSES:	Monthly Cost
Mortgage payment	\$
Vehicle Loans	\$
Credit Cards	\$
Utilities (electric water, gas, waste)	\$
Internet/Phone/Cable/Cell	\$
Food	\$
Insurance (health, life, etc.)	\$
Household Maintenance	\$
Transportation expenses	\$
Student Loans	\$
Clothing	\$
Donations/Contributions	\$
Miscellaneous	\$
TOTAL ALL EXPENSES	\$

LIABILITIES:	Amount Owed
Mortgage	\$
Auto/Vehicle Loans	\$
Student Loans	\$
Credit Cards/Other Loans	\$
Other/Miscellaneous Debt	\$
TOTAL ALL LIABILITIES	\$

Total Gross Monthly Income of Applicants: \$ _____
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Net Worth: \$ _____ (Total Assets minus Total Liabilities)
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THIS FORM REQUIRES NOTARIZATION

We/I attest that the above mentioned financial statement is an accurate summary of my/our assets, liabilities and income.

Applicant #1 Signature

Applicant #2 Signature

STATE OF FLORIDA

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, in the year 20____, by _____, who is personally known to me or who has produced a photo ID.

Signature of Notary Public: _____

Printed Name: _____ My Commission Expires: _____ Commission # _____