Sunshine
State Adoption and Home Study Services

FAMILY FINANCIAL STATEMENT

APPLICANTS' NAMES: _____ _____
Husband **Wife**

Annual Income:	Husband:	_____
	Wife:	_____
Other Annual Income:	Husband:	_____
	Wife:	_____
Life Insurance:	Husband:	_____
	Wife:	_____

Assets:	Value:
Personal Property	_____
Vehicles	_____
Real Estate (Residence)	_____
Other Real Estate	_____
Stocks and Bonds	_____
Savings Account	_____
Checking Account	_____
Other Investments	_____
Total Assets (not including annual income & insurance):	_____

Liabilities:	Monthly Payment	Total Owed
Credit Cards	_____	_____
Home Mortgage	_____	_____
Car payments	_____	_____
Other Liabilities	_____	_____
Total Fixed Liabilities:	_____	_____
Net Worth: (Assets minus liabilities)		_____

Total approximate monthly payments of utilities, phone, cable, gasoline, car insurance, clothing, and food. _____
Monthly income: _____.

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

_____ _____
Signature Signature

STATE OF: FLORIDA COUNTY OF: _____

Sworn and subscribed before me this _____ day of _____ in the year of 20__ by

_____ who is personally known to me ____ OR who produced a driver's license for identification _____ ID# _____

Notary Signature: _____ My Commission Expires: _____