



ADOPTIVE FAMILY FINANCIAL STATEMENT

Adoptive Applicant#1 Full Name: _____

LAST FIRST MIDDLE

Adoptive Applicant#2 Full Name: _____

LAST FIRST MIDDLE

Income:	Annual Gross	Other Annual Income	Sources of Income
Applicant #1	\$	\$	

Income:	Annual Gross	Other Annual Income	Sources of Income
Applicant #2	\$	\$	

ASSETS:	Current Value
Real Estate-Primary Residence:	\$
Real Estate-Other:	\$
Personal Property:	\$
Automobiles:	\$
Savings and Cash:	\$
Stocks/Bonds/Retirement::	\$
Checking Accounts:	\$
Life Insurance: Applicant #1:	\$
Life Insurance Applicant #2:	\$
Recreational Vehicles/Boats:	\$
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
Mortgages (1 st /2 nd)	\$
Auto/Vehicle Loans:	\$
Student Loans:	\$
Credit Cards/Other Loans:	\$
Other/Miscellaneous Debt:	\$
TOTAL ALL LIABILITIES:	\$

Total Gross Monthly Income of Applicants:
\$ _____

Net Worth: \$ _____
(Total Assets minus Total Liabilities)

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 driver's license for identification _____ ID# _____.

Signature of Notary Public: _____

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