

ADOPTION OPTIONS-JEWISH SOCIAL SERVICE AGENCY
Confidential Financial Statement

Applicants Names: #1: _____

Date: _____

#2: _____

INCOME:

	Applicant #1	Applicant #2
Gross Taxable Income From:		
Business Income	\$ _____	\$ _____
Salary Income	\$ _____	\$ _____
Child Support Payments received	\$ _____	\$ _____
Other (e.g. Dividends/Interest)	\$ _____	\$ _____
(Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
<u>TOTAL INCOME:</u>	\$ _____	\$ _____

ASSETS:

Cash:

Savings Accounts \$ _____
Checking Accounts \$ _____

Investments:

Stocks \$ _____
Bonds \$ _____

Real Estate:

Home \$ _____
Other Properties \$ _____

Accounts & Notes Receivable: \$ _____

Cash Value-Life Insurance: \$ _____

Automobile(s): \$ _____

**Personal Property: (furniture,
Clothing, Collections, Others:** \$ _____

**Estimated value of business,
If Self-Employed: Other (Specify)** \$ _____

Confidential Financial Statement

Applicants Names: #1: _____ **#2:** _____

MONTHLY EXPENSES AND LIABILITIES:

	<u>MONTHLY PAYMENT</u>	<u>OUTSTANDING BALANCE</u>
Credit cards	\$ _____	\$ _____
Notes payable	\$ _____	\$ _____
<u>MORTGAGES:</u>		
Primary Residence	\$ _____	\$ _____
Rental Property	\$ _____	\$ _____
Rental Income	\$ _____	
Automobile Loans	\$ _____	\$ _____
College Loans	\$ _____	\$ _____
Utilities	\$ _____	\$ _____

NET WORTH: \$ _____

ADDITIONAL INFORMATION

Health Insurance Carrier: _____ **Type of Plan:** _____

Life Insurance Co: _____

Amount of Life Insurance: Applicant #1: \$ _____ **Beneficiary:** _____

Amount of Life Insurance: Applicant #2: \$ _____ **Beneficiary:** _____

Signature: _____ **Date Signed:** _____

Signature: _____ **Date Signed:** _____

A BREAKDOWN OF MONTHLY INCOME AND EXPENSES

APPLICANTS NAMES: #1: _____ **#2** _____

NET MONTHLY INCOME:

SALARIES: _____

RENTAL INCOME: _____

INTEREST/DIVIDENDS INCOME: _____

CHILD SUPPORT INCOME : _____

ALIMONY INCOME: _____

CONSULTING INCOME: _____

TOTAL MONTHLY INCOME: \$ _____

MONTHLY EXPENSES:

HOME MORTGAGE: _____

OTHER MORTGAGES: _____

ALL UTILITIES: _____

AUTOMOBILE(S) UPKEEP: _____

CAR LOAN: OUTSTANDING AMOUNT: _____ **MONTHLY PAYMENT:** _____

GROCERIES: _____

CREDIT CARDS: OUTSTANDING AMOUNT: _____ **MONTHLY PAYMENT** _____

INSURANCE PREMIUMS: _____

ENTERTAINMENT: _____

CHARITIES: _____

OTHER EXPENSES: _____

TOTAL MONTHLY EXPENSES: \$ _____