

ADOPTION OPTIONS-JEWISH SOCIAL SERVICE AGENCY
Confidential Financial Statement
SINGLE APPLICANT

Applicant Name: _____

INCOME

Gross Taxable Income From:

Business income \$ _____

Salary Income \$ _____

Child Support Payments Received \$ _____

Other (e.g. dividends/interest) \$ _____
(Specify) _____

\$ _____

TOTAL INCOME: \$ _____

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) \$ _____

_____ \$ _____

_____ \$ _____

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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: \$ _____

Beneficiary: _____

Signature: _____

Date Signed: _____

A Breakdown Of Monthly Income And Expenses

Applicant Name: _____

Net Monthly Income: _____

Salary: _____

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: _____

Charaties: _____

Other Expenses: _____

Total Monthly Expenses: \$ _____

