



# Florida Adoption Center LLC

Love Makes a Difference!

## FAMILY FINANCIAL STATEMENT

APPLICANTS' NAMES: \_\_\_\_\_  
**Adoptive Parent #1** **Adoptive Parent #2**

### **INCOME:**

\$ \_\_\_\_\_ Parent #1's Annual Gross Salary

\$ \_\_\_\_\_ Parent #1's Other Annual Income

\$ \_\_\_\_\_ Parent #2s Annual Gross Salary

\$ \_\_\_\_\_ Parent #2s Other Annual Income

\$ \_\_\_\_\_ Household Other Income

\$ \_\_\_\_\_ Total Annual Income

\$ \_\_\_\_\_ **TOTAL MONTHLY HOUSEHOLD INCOME**

### **ASSETS:**

\$ \_\_\_\_\_ Value of Home (If a home owner)

\$ \_\_\_\_\_ Equity in Home; Years left on Mortgage \_\_\_\_\_

\$ \_\_\_\_\_ Personal Property

\$ \_\_\_\_\_ Household Furniture Value

\$ \_\_\_\_\_ Checking Account; Bank \_\_\_\_\_

\$ \_\_\_\_\_ Savings Account; Bank \_\_\_\_\_

\$ \_\_\_\_\_ Stocks and Bonds

\$ \_\_\_\_\_ Trusts / Retirement

\$ \_\_\_\_\_ Vehicle/Value and Type \_\_\_\_\_

\$ \_\_\_\_\_ Vehicle/Value and Type \_\_\_\_\_

\$ \_\_\_\_\_ Any Other Assets, Investments and Valuables \_\_\_\_\_

\$ \_\_\_\_\_ Child Support Received

\$ \_\_\_\_\_ **Total Assets (not including annual income & insurance)**

Notes: \_\_\_\_\_

\_\_\_\_\_

**EXPENSES/ LIABILITIES:**

Monthly Payment:

\$ \_\_\_\_\_ House or Rent Payment (Company Name and Total Owed) \_\_\_\_\_

\$ \_\_\_\_\_ Utilities (Electric, Telephone, water, household gas for appliances)

\$ \_\_\_\_\_ Child Support Paid

\$ \_\_\_\_\_ Food /Clothing

\$ \_\_\_\_\_ Internet and Cable

\$ \_\_\_\_\_ Gasoline

\$ \_\_\_\_\_ Credit Cards (Type and \$ owed) \_\_\_\_\_

\$ \_\_\_\_\_ Credit Cards (Type and \$ owed) \_\_\_\_\_

\$ \_\_\_\_\_ Automobile Payments (\$ owed) \_\_\_\_\_

\$ \_\_\_\_\_ Automobile Insurance (Company Name) \_\_\_\_\_

\$ \_\_\_\_\_ Home Insurance (Company Name) \_\_\_\_\_

\$ \_\_\_\_\_ Medical Insurance (Company Name) \_\_\_\_\_

\$ \_\_\_\_\_ Life Insurance (Company Name) \_\_\_\_\_

\$ \_\_\_\_\_ Other Liabilities \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL MONTHLY PAYMENTS**

\$ \_\_\_\_\_ **Net Worth: (Assets minus Liabilities)**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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: \_\_\_\_\_