



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 :

\$ _____ 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, Phone, water, House 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)



Florida Adoption Center LLC

Love Makes a Difference!

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 _____

This document was acknowledged before me by means of physical presence or online notarization this _____ day of _____ 20____ By _____ (name as stated on identification) who is personally known to me or who presented a driver's license or _____ as identification.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

Notary Public
My Commission Expires: _____