

AAA PARTNERS IN ADOPTION, INC.

FINANCIAL STATEMENT FOR ADOPTIVE PARENTING

		Date:
Family Name:	Father:	Mother:
Father's Occupation:		
Name & Address of Employer: _____ _____		
Date Employed:	Monthly/Yearly Gross Salary:	
Mother's Occupation:		
Name & Address of Employer: _____ _____		
Date Employed:	Monthly/Yearly Gross Salary:	
Other Household Income:		
Home: _____ Own _____ Rent	Monthly Payment/Rent:	
Amount of Mortgage:	Approximate Market Value:	
List all other Assets:		
Total Amount of Assets: (Including House)		
Life Insurance:		
Father:		
Mother:		
Health Insurance:		

Is an adoptive child covered from the date of placement:	_____ Yes _____ No	
Is there a waiting period for pre-existing conditions:	_____ Yes _____ No	

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List all Outstanding Debts (show total owed and monthly payments)

Attach additional page if needed

(Name of Creditor)	(Total Owed)	(Monthly Payment)
Credit Card(s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Automobile(s):		
_____	_____	_____
_____	_____	_____
Bank Loan(s):		
_____	_____	_____
_____	_____	_____
Furniture /Appliance(s)		
_____	_____	_____
Student Loan(s):		
_____	_____	_____
Other (list):		
_____	_____	_____

Monthly Expenses: (List all monthly expenses by name and amount)

Attach additional page if needed:

(Monthly Expense)	(Amount of Expense)
Rent / Mortgage:	_____
Electricity:	_____
Gas:	_____
Water:	_____
Sewage:	_____
Telephone:	_____
Insurance:	_____
Automobile:	_____
Home:	_____
Health:	_____
Dental:	_____
Life:	_____
Medical and Prescription Expenses:	_____
Cable Television:	_____
Internet Service:	_____
Cell Phone:	_____
Groceries:	_____
Clothing:	_____
Tithes/Charitable Contributions:	_____
Child Support:	_____
Day Care:	_____
Other (list):	_____

Total Monthly Income (after withholding):	_____
(-) Total Monthly Payments and Expenses:	_____
(=) Available Monthly Surplus:	_____