## AAA PARTNERS IN ADOPTION, INC.

## FINANCIAL STATEMENT FOR ADOPTIVE PARENTING

				Date:			
Family Name:	Father: Mo		Mothe	er:			
Father's Occupation:							
Name & Address of Emplo	yer:						
Date Employed:		Monthly/Yearly Gross Salary:					
Mother's Occupation:							
Name & Address of Employer:							
Date Employed:		Monthly/Yearly Gross Salary:					
Other Household Income:							
Home:OwnRent		Monthly Payment/Rent:					
Amount of Mortgage:		Approximate	Mark	et 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		

## FINANCIAL STATEMENT FOR ADOPTIVE PARENTING

Attach additional page if needed (Name of Creditor) Credit Card(s):  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) Rent / Mortgage: Electricity: Gas: Water: Sewage: Telephone: Insurance: Automobile: Home: Heaith: Dental: Life: Medical and Prescription Expenses: Cable Television: Internet Service: Call Phone: Groceries: Clothing: Tithes/Charitable Contributions: Child Support: Day Care: Other (list):  Total Monthly Income (after withholding): C-1 Available Monthly Surplus:  Total Monthly Income (after withholding): C-1 Available Monthly Surplus:  Total Monthly Income (after withholding): C-1 Available Monthly Surplus:  Total Monthly Income (after withholding): C-1 Available Monthly Surplus:  Total Monthly Payments and Expenses: C-1 Available Monthly Surplus: C-1 Available Monthly Surplus: C-2 Available Monthly Surplus: C-3 Total Monthly Income (after withholding): C-1 Available Monthly Surplus: C-2 Available Monthly Surplus: C-3 C-3 C-4	List all Outstanding Debts (show total owed and monthly payments)						
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: Fleephone: 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): C-) Total Monthly Payments and Expenses:	· · · · · · · · · · · · · · · · · · ·	tal Owed)	(Monthly Payment)				
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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:	Electricity:						
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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:	Water:						
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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:	Health:						
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	(=) Available Monthly Surplus:						