

Ohio Department of Job and Family Services

**APPLICANT FINANCIAL STATEMENT**

Name (Last, First, Middle)	Number of Dependent Adults (Include Self)	Number of Dependent Children
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The following information is being asked to assist you and the agency in your child placement planning. Please complete the financial statement using estimated monthly amounts.

**A. MONTHLY INCOME**

1. Family Member _____	Gross pay per month \$ _____	Net pay per month	\$ _____
2. Family Member _____	Gross pay per month \$ _____	Net pay per month	\$ _____
3. Other income (real estate, adoption subsidy, retirement, child support, public assistance, social security, etc.)			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
<b>TOTAL NET MONTHLY INCOME</b>			\$ _____

**B. MONTHLY EXPENDITURES**

1. Rent or mortgage (including taxes and insurance) . . . . .	\$ _____	
2. Utilities (including telephone) . . . . .	\$ _____	
3. Other fixed expenses . . . . .	\$ _____	
a. Child Care . . . . .	\$ _____	
b. Car payments . . . . .	\$ _____	
c. Credit card payments . . . . .	\$ _____	
d. Other loan payments . . . . .	\$ _____	
e. Child support or alimony . . . . .	\$ _____	
f. Regular savings/investments . . . . .	\$ _____	
g. Other (Specify) . . . . .	\$ _____	
<b>TOTAL MONTHLY EXPENDITURES</b>		\$ _____

COMPLETION OF THIS FORM IS REQUIRED FOR THE AGENCY TO PROCEED WITH YOUR APPLICATION FOR A CHILD.

**C. ASSETS**

		TOTAL VALUE
1. Residence		
Market value	\$	
2. Other real estate		
Market value	\$	
3. Cars - Specify		
_____	\$	
_____	\$	
4. Savings	\$	
5. Stocks/Bonds	\$	
6. Other assets - Specify	\$	
<b>TOTAL ASSETS</b>	<b>\$</b>	

**D. LIABILITIES**

		BALANCE OWED
1. Residence mortgage		\$
2. Other mortgage		\$
3. Cars loans		\$
4. Other loans		\$
5. Credit cards		\$
6. Other		\$
<b>TOTAL LIABILITIES</b>	<b>\$</b>	

**E. INSURANCE COVERAGE**

	Total Coverage Amount	Monthly Cost to Applicant	Company
Life Insurance			
Applicant _____	\$	\$	
Applicant _____	\$	\$	
Children _____	\$	\$	
Medical Insurance	\$	\$	
Automobile Insurance	\$	\$	
Other	\$	\$	

**F. ANY PERTINENT INFORMATION NOT COVERED**

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Applicant Signature	Date
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Applicant Signature	Date
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