



A program of Jewish Family Service of Greater
Harrisburg Inc.

FINANCIAL INFORMATION

Name _____ Date _____

Monthly Income after taxes are taken out for each adoption applicant in household:

Income from employment	\$ _____	\$ _____
Bonus/Overtime/Commissions/Other	\$ _____	\$ _____
Rental income	\$ _____	\$ _____
Investment income (dividend/interest)	\$ _____	\$ _____
Other income (child support, subsidy)	\$ _____	\$ _____
Individual totals	\$ _____	\$ _____
Combined family income total	\$ _____	

Current Resources:

Checking account	\$ _____	Name of bank _____
	\$ _____	Name of bank _____
Savings account	\$ _____	Name of bank _____
	\$ _____	Name of bank _____
Total Retirement savings	\$ _____	

Real estate

Location	Purchase price	Present value	Outstanding mortgage	Monthly payment
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

Other investments _____

Insurance information for each adoption applicant in household:

Health: Company _____	Monthly cost _____	Covers _____
Health: Company _____	Monthly cost _____	Covers _____
Life: Company _____	Monthly cost _____	Covers _____
Life: Company _____	Monthly cost _____	Covers _____
Car: Company _____	Monthly cost: _____	Covers _____
Car: Company _____	Monthly cost: _____	Covers _____
Other (list type and cost) _____		

Automobiles:

Model	Year	Monthly payment (if any)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Average **monthly** expenses:

Rent/Mortgage	\$ _____
Utilities (including cable)	\$ _____
Telephone	\$ _____
Auto, home, and health insurance (total)	\$ _____
Medical/dental/prescription	\$ _____
Groceries	\$ _____
Clothing	\$ _____
Entertainment	\$ _____
Child Care Costs	\$ _____
Gasoline and car repairs	\$ _____
Support payments	\$ _____
Educational expense/tuition	\$ _____

Loan payments:

To Whom	Balance	Monthly payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Credit card debt:	\$ _____	\$ _____
	\$ _____	\$ _____

Total monthly expenses \$ _____

Average monthly income (from previous page) \$ _____

Less total monthly expenses \$ _____

Average monthly balance available \$ _____

Please submit proof of income (W-2, income tax return, and letter from employer) along with this form.

Signature(s) _____

Date _____

Employment history for each adoptive resource for past ten (10) years:

	Job title (start with most recent)	Dates of employment (month/year from—to)
Resource parent 1		
Resource parent 2		

Have you filed for bankruptcy in the past ten (10) years? Yes _____ No _____

If yes, please tell the story of how that happened and your plan to discharge your debt and avoid bankruptcy in the future.

Please have the following documents available when we come for the home visit. We will need to review and/or copy for the files to show financial stability as defined by state regulations:

1. A copy of last year's federal income tax filing.
2. A copy of a recent pay stub if employed outside the home.
3. A copy of employment verification letter from employer that includes current salary and length of employment
4. A copy of your Social Security Statement. If you do not have the last one that was sent, you will need to visit Social Security's website (www.socialsecurity.gov) and print your Social Security Statement online. *(If you cannot obtain one, you will need to substitute copies of ten (10) years of tax returns. This requires you to provide a copy of each tax return for the past ten years and a transcript from the IRS for any missing years. Complete and submit form IRS 4506-T for missing returns. You can access this form by going to <http://www.irs.gov/pub/irs-pdf/f4506t.pdf?portlet=103>)*
5. A copy of your benefits letter from Social Security if you are receiving any income from them, such as disability, SSI, or death benefits. IF you don't have it, see #4;
6. Documents related to any bankruptcy filing and/or liens on property for the past the (10) years;
7. A copy of the deed to the house, lease agreement for residence, or any proof of payment to lease your primary residence.
8. A copy of adoption subsidy orders showing this income for a child in your care
9. A copy of child support orders that you are paying or are ordered to receive payment for a child in your care.