Confidential Financial Report

Income

Adoptive Mother Gross Annual Income:	$
Adoptive Father Gross Annual Income:	$
Total Gross Annual Income:	$
Combined income as reported on current year tax form 1040:	$
Adoptive Mother Net Annual Income:	$
Adoptive Father Net Annual Income:	$
Total Net Annual Income:	$
Savings Account Balance:	$
Checking Account Balance:	$
Total Investments:	$
Trust Accounts:	$
Ever Declared Bankruptcy?:	**If Yes, When:**

Monthly Payments

Mortgage/Rent:	$
Property Taxes:	$
Utility Costs:	$
Savings/retirement/ or other investment payments:	$
Insurance Payments – All Types:	$
Credit Card/Personal Loan Payments:	$
Medical Costs:	$
Vehicle Loans:	$
Other transportation costs: (Maintenance, gas, public trans.)	$
Food:	$
Day Care Costs:	$
Clothing and Entertainment Costs:	$
Miscellaneous:	$
Total Monthly expenditures:	$
Total Net Monthly Income:	$
***Minus* Total Monthly Payments:**	$
Total Monthly unexpended Income:	$

Liabilities

Please list all liabilities and the total owed for each (Home, car, credit cards – listed separately, other loans)

Liability	Total Owed	
	$	
	$	
	$	
	$	
	$	
	$	
	total owed	$

Total Net Worth

Total Assets	**$**
***Minus* Total Liabilities**	**$**
Total Net Worth	**$**

Assets

Please list all assets and their current market value

Asset	Market value	
	$	
	$	
	$	
	$	
	$	
	$	
	total assets	$

Life Insurance

Insured Person:	
Beneficiary:	
Amount:	$
Company (s):	
Insured Person:	
Beneficiary:	
Amount:	$
Company (s):	

Heath Insurance

It is important to have health insurance that covers your adopted child (1) from placement date and (2) for pre-existing conditions. If you do not have health insurance indicate your plans for covering medical expenses.

Health Insurance:	**Yes ___ No ___**
Name of Company:	**Policy number :**
Coverage of Child from Placement Date:	**Yes ___ No ___**
Coverage of Child's Pre-Existing Conditions:	**Yes ___ No ___**

Client Signature **Date** **Client Signature** **Date**