

Ohio Department of Job and family Services
APPLICANT FINANCIAL STATEMENT

| | | |
|------------------------------------|--|------------------------------|
| Name (<i>Last, First Middle</i>) | Number of Dependent Adults (<i>Include self</i>) | Number of Dependent Children |
|------------------------------------|--|------------------------------|

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.) | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL NET MONTHLY INCOME | | | \$ |

B. MONTHLY EXPENDITURES

| | | |
|--|----|----|
| 1. Rent or mortgage (including taxes and insurances) | \$ | |
| 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) | \$ | |
| TOTAL MONTHLY EXPENDITURES | | \$ |

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 | \$ |
| TOTAL ASSETS | \$ |

D. LIABILITIES

| | BALANCE OWED |
|--------------------------|--------------|
| 1. Residence mortgage | \$ |
| 2. Other mortgage | \$ |
| 3. Car loans | \$ |
| 4. Other loans | \$ |
| 5. Credit cards | \$ |
| 6. Other | \$ |
| TOTAL LIABILITIES | \$ |

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

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|