

Ohio Department of Children & Youth
APPLICANT FINANCIAL STATEMENT

Name (<i>Last, First Middle</i>)	Number of Dependent Adults (<i>Include self</i>)	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.)					\$
					\$
					\$
					\$
					\$
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
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Applicant Signature	Date
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