



Caring Adoption Associates, LLC

(484) 494-0235

www.caringadoption.com

FINANCIAL STATEMENT

Please list all family income per year:

Annual salaries (before taxes): Name _____ \$ _____ Name _____ \$ _____

a) Total salaries \$ _____

b) Combined bonuses \$ _____ c) Interest from accounts/investments \$ _____

d) Pensions \$ _____ e) Other (SSI, disability, alimony, child support, etc.) \$ _____

Grand total of a, b, c, d, e \$ _____

Please list amounts currently in all bank accounts: Savings \$ _____ Checking \$ _____

Please list any investments and their current market value:

Stocks		Retirement funds		Mutual funds	
Bonds		Real estate		Other	

Life and health insurance (hospitalization, medical, dental, life):

Company	Type	Person insured	Amount

Is your home owned ? _____ or rented ? _____

A. Value of home, if owned \$ _____ Outstanding mortgage \$ _____

B. Amount of rent or mortgage paid per month \$ _____ (Include taxes, insurance, interest, and principal)

If you have any outstanding loans or debts, please list how much you pay per month:

	Monthly payment	Balance due
Automobiles		
Credit cards		
Educational		
Bank or installment		
Rental properties		
Other		
TOTAL		

Please list number of dependents other than applicants: Adults _____ Children _____

I/we certify that the above is a true and correct statement of my/our assets and liabilities as of _____ Date

Applicant's signature

Sworn to and subscribed before me this _____

day of _____, 20____.

Applicant's signature

Notary Public

(Notarization required for international adoptions only)

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