

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. Childcare	\$
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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