



ASSETS-WHAT I OWN:

Home (estimated market value) \$ _____
Total Savings and Checking Available Balance \$ _____
Other Real Estate (estimated market value) \$ _____
Stocks and Bonds (estimated market value) \$ _____
401K/Retirement Accounts Balance \$ _____
Furniture and Appliances \$ _____
Automobiles and Trucks \$ _____
Travel Trailers, Motor Homes, Campers \$ _____
Boats, Motors, Motorcycles, Snowmobiles \$ _____
Valuables: Antiques, Coin Collections, Jewelry \$ _____
Other Assets (describe) \$ _____
Total of All I Own \$ _____

LIABILITIES – WHAT I OWE:

Mortgage on My Home \$ _____
Other Real Estate Loans \$ _____
Balance on Secured Loans \$ _____
Balance on Secured Loans \$ _____
Taxes and Assessment (past due) \$ _____
Medical Bills \$ _____
Other Liabilities (describe) \$ _____
Total of All I Owe \$ _____

ALL I OWN MINUS ALL I OWE

Annual Income of Applicant 1 \$ _____
Annual Income of Applicant 2 \$ _____
Other Income (describe) \$ _____
TOTAL INCOME \$ _____

LIFE INSURANCE COMPANY

Company: _____ Amount: _____ Covering: _____

Company: _____ Amount: _____ Covering: _____

Insurance Beneficiary: _____

Do you plan to add your adopted child(ren) as a beneficiary to your life insurance policy? ___YES ___NO



FAMILY BUDGET

Total Net Monthly Income: _____

Monthly Expenses

Mortgage / Rent	
Utilities	
Auto Insurance	
Life Insurance	
Medical Insurance	
Renters / Home Insurance	
Charge Account (s)	
Car Loan Payment (s)	
Other Loan (s)	
Food	
Non Food Items	
Gas (Oil-Auto)	
Clothing	
Cleaning (Laundry etc.)	
Educational Expenses	
Entertainment	
Other Expenses – Please list	
Other Expenses – Please list	
Total Expenses	
Savings	
Extra Income Available	

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____