

Adult Foster Home Financial Information

Part 1: Expenses for _____

(Street address of Adult Foster Home.)

Instructions: Complete each space using an additional sheet of paper if necessary. For annual or quarterly expenses, average the **monthly** cost. Example: Annual property taxes divided by 12.

Monthly expenses	Monthly cost
Rent/lease/mortgage:	\$ _____
Property taxes:	_____
Insurance (<i>property, liability</i>):	_____
Utilities (<i>water, sewer, electric, gas, heat, garbage</i>):	_____
Phone/internet/cable/satellite:	_____
Auto expense (<i>payment(s), insurance, maintenance</i>):	_____
Business license/fees/association dues:	_____
Household maintenance (<i>cleaning, laundry, repairs</i>):	_____
Adult Foster Home maintenance:	_____
Groceries:	_____
Office/business supplies:	_____
Gross payroll (<i>including taxes and benefits</i>):	_____
Entertainment:	_____
Other expense (<i>specify</i>):	_____
Other expense (<i>specify</i>):	_____
A. Total monthly expenses	\$ _____

Other monthly expenses	Balance due	Monthly cost
Credit card (<i>specify</i>):	\$ _____	\$ _____
Credit card (<i>specify</i>):	_____	_____
Credit card (<i>specify</i>):	_____	_____
Past due bills (<i>specify</i>):	_____	_____
Unpaid taxes (<i>attach documentation</i>):	_____	_____
Liens, judgments, pending lawsuits:	_____	_____
Other (<i>specify</i>):	_____	_____
Bankruptcy filings: <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>if yes, specify date(s)</i>): _____		
B. Total of other monthly expenses		\$ _____

A. Total monthly expenses	\$	
+ B. Total of other monthly expenses	\$	

C. Total of all monthly expenses..... \$ _____

Adult Foster Home Financial Information

Part 2: Resources for _____
 (Street address of Adult Foster Home)

List your current financial resources. Do not include any income you expect to receive from adult foster home residents. You must have sufficient financial resources to operate your adult foster home for **at least** two months, without solely relying on resident income (OAR 411-049-0125 (3)).

Cash resources	Financial institution	Balance
Cash on hand:	N/A	\$ _____
Checking:		_____
Savings:		_____
Line of credit:		_____
Guaranteed loan:		_____
Other (specify):		_____
Other (specify):		_____
Other (specify):		_____
D. Total cash resources		\$ _____

Monthly net income	Balance
Source (specify):	\$ _____
Source (specify):	_____
Source (specify):	_____
Source (specify):	_____
E. Total net monthly income	\$ _____

Instructions: Multiply "Total of all monthly expenses" (Part 1, C) x 2. The amount must be less than or equal to "Total cash resources" (Part 2, D) plus the total of "Total NET monthly income" (Part 2, E) X 2 to demonstrate that you have at least two months' liquid resources. The local licensing authority may require proof of the applicant/licensee's ability to pay (e.g., a financial guarantee or guaranteed loan from a lending institution).

$$\$ \underline{\hspace{2cm}} \times 2 = \$ \underline{\hspace{2cm}} \text{ Amount} \text{ Must be equal to or less than } \$ \underline{\hspace{2cm}} \text{ D} + (\text{E} \times 2)$$

I declare under penalties of perjury this information is true, correct and complete to the best of my knowledge. I understand that failure to provide accurate information may result in the denial of my application for an adult foster home license.

 Applicant's signature

 Date

 Co-applicant's signature (if applicable)

 Date