

Financial Statement

DD Child Foster Home

This information is confidential and intended for use only by the certifying agency.

Instructions: Complete each space using an additional sheet of paper, if necessary. For annual or quarterly expenses, average the **monthly** cost.

Family name: _____ **Date:** _____

EXPENSES

Monthly expenses	Monthly cost
Rent/lease/mortgage	\$
Insurance (property, liability)	
Utilities (water, sewer, electric, gas, heat, garbage)	
Phone/internet/cable/satellite	
Auto expense (payment(s), insurance, maintenance)	
Transportation (gas, bus fare)	
Medical and dental expenses (including insurance premiums)	
Groceries	
Clothing	
Entertainment	
Other expense (<i>specify</i>):	
Other expense (<i>specify</i>):	
TOTAL MONTHLY EXPENSES:	\$ 0.00

Additional 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		
Liens, judgments, pending lawsuits		
Other (<i>specify</i>):		
Child support		
Child support payments in arrears? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Bankruptcy filings <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>if yes, specify date(s)</i>):		
Wages garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:		

TOTAL OF ADDITIONAL MONTHLY EXPENSES:	\$ 0.00
TOTAL MONTHLY EXPENSES:	\$ 0.00
TOTAL OF ALL MONTHLY EXPENSES:	\$ 0.00

Cash resources	Balance
Cash on hand	\$
Checking	
Savings	
Line of credit	
Guaranteed loan	
Other (specify):	
Other (specify):	
TOTAL CASH RESOURCES:	\$ 0.00

INCOME

Monthly income	Monthly
Provider/applicant employment income	\$
Co-provider/co-applicant employment income	
Property income (specify)	
Investment income (specify)	
Other (specify):	
Other (specify):	
Other (specify):	
Other (specify):	
TOTAL MONTHLY INCOME:	\$ 0.00

TOTAL MONTHLY INCOME:	\$ 0.00
SUBTRACT TOTAL MONTHLY EXPENSES: -	\$ 0.00
BALANCE:	\$ 0.00

I declare 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 a child foster home certification.

Provider/applicant signature

Date

Co-provider/co-applicant signature

Date