



Project 1.27

Fostering and Adopting in Faith

PROJECT 1.27 Applicant Financial Statement

Name(s): _____

ASSETS			
Monthly Income:		Savings:	
Primary Salary (after taxes)		Retirement	
Secondary Salary (after taxes)		Retirement	
Other		Other	
Other		Other	
Other			
Total	\$ -	Total	\$ -

EXPENDITURES		
	Monthly Payment	Balance
Rent/Mortgage		
Groceries		
Utilities		
Water		
Car Loan Payment		
Car Insurance		
Car/repairs/maintenance		
Gasoline/Transportation		
Health/Dental Insurance		
Phone/cell phone		
Internet		
Cable/Satellite		
Entertainment		
Credit cards		
HOA dues		
Child Care		
School activities		
Life Insurance		
Religious Contributions		
Student Loans		
Other		
Other		
TOTAL		

TOTAL Income	\$ -
TOTAL Expenses	\$ -
Net Income	\$ -

I hereby assert that the above information is true and correct

Signature

Date

Spouse Signature

Date