

**ADOPTION COUNSELING SERVICES, INC.**  
**Financial Information**

This information is needed to help give an understanding of how you manage your income as a part of the total picture of your family life.

**Annual Family Income**

Husband's gross yearly income from employment \_\_\_\_\_

Wife's gross yearly income from employment \_\_\_\_\_

Additional income \_\_\_\_\_  
(Please specify source: property, pension, part-time employment, insurance, dividends, etc.)

Necessary deductions from income:                   Income Tax \_\_\_\_\_  
  Social Security \_\_\_\_\_

Dependents:     \_\_\_\_\_   \_\_\_\_\_  
   \_\_\_\_\_

Expense of income not reimbursed: (e.g., uniforms, gas mileage, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total of deductions and expenses:             \_\_\_\_\_             \_\_\_\_\_

**Monthly Family Expenses**

Food and groceries \_\_\_\_\_                                 Home Maintenance \_\_\_\_\_

Clothing \_\_\_\_\_   Telephone \_\_\_\_\_

House payments \_\_\_\_\_                                 Household operations \_\_\_\_\_  
(or rent)   (child care, laundry, maid, supplies, etc.)

Insurance \_\_\_\_\_   Automobile payments \_\_\_\_\_

Utilities \_\_\_\_\_   Amusement & Education \_\_\_\_\_  
Other \_\_\_\_\_   (movies, newspaper, clubs, vacations, sports  
etc.)

Contributions to: Religious organizations \_\_\_\_\_     Charity \_\_\_\_\_  
Other \_\_\_\_\_   Total amount of monthly expenses \_\_\_\_\_

(amount)

Relative not living in your home \_\_\_\_\_

Insurance

<u>Name of insured</u>	<u>Type of Policy</u>	<u>Name of Company</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Premiums</u>	<u>How Often Paid</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you own or are buying your home, what is its value? \_\_\_\_\_ What is your equity? \_\_\_\_\_ When was it bought? \_\_\_\_\_ When was, or when will it be paid for? \_\_\_\_\_ If you have a retirement program either through your employment or independently, at what age will you plan to retire? \_\_\_\_\_ At what income? \_\_\_\_\_ Please itemize your savings: Savings accounts: \_\_\_\_\_ Government Bonds: \_\_\_\_\_ Other bonds: \_\_\_\_\_ Stocks: \_\_\_\_\_ Endowment Policies: \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Has either spouse filed for bankruptcy? \_\_\_\_\_  
 Estimate the value of your property other than home and items previously listed:  
 Personal property: \_\_\_\_\_ Real property: \_\_\_\_\_

Estimate the amount of your debts including indebtedness against your home and credit card payments:

<u>Item</u>	<u>Amount Borrowed Bought on Time</u>	<u>Amount of Payment</u>	<u>How Often Paid</u>	<u>When was Debt Made</u>	<u>When Will Debt Be Paid Up</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature: \_\_\_\_\_  
 (Husband) (Wife)