# Confidential Financial Report

## Income

| | |
|---|---|
| **Adoptive Mother Gross Annual Income:** | $ |
| **Adoptive Father Gross Annual Income:** | $ |
| **Total Gross Annual Income:** | $ |
| **Combined income as reported on current year tax form 1040:** | $ |
| | |
| **Adoptive Mother Net Annual Income:** | $ |
| **Adoptive Father Net Annual Income:** | $ |
| **Total Net Annual Income:** | $ |
| | |
| **Savings Account Balance:** | $ |
| **Checking Account Balance:** | $ |
| **Total Investments:** | $ |
| **Trust Accounts:** | $ |
| **Ever Declared Bankruptcy?:** | **If Yes, When:** |

## Monthly Payments

| | |
|---|---|
| **Mortgage/Rent:** | $ |
| **Property Taxes:** | $ |
| **Utility Costs:** | $ |
| **Savings/retirement/ or other investment payments:** | $ |
| **Insurance Payments – All Types:** | $ |
| **Credit Card/Personal Loan Payments:** | $ |
| **Medical Costs:** | $ |
| **Vehicle Loans:** | $ |
| **Other transportation costs: (Maintenance, gas, public trans.)** | $ |
| **Food:** | $ |
| **Day Care Costs:** | $ |
| **Clothing and Entertainment Costs:** | $ |
| **Miscellaneous:** | $ |
| **Total Monthly expenditures:** | $ |
| | |
| **Total Net Monthly Income:** | $ |
| ***Minus* Total Monthly Payments:** | $ |
| **Total Monthly unexpended Income:** | $ |

## Liabilities

Please list all liabilities and the total owed for each (Home, car, credit cards – listed separately, other loans)

| Liability | Total Owed | |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | total owed | $ |

## Total Net Worth

| | |
|---|---|
| **Total Assets** | **$** |
| ***Minus* Total Liabilities** | **$** |
| **Total Net Worth** | **$** |

## Assets

Please list all assets and their current market value

| Asset | Market value | |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | total assets | $ |

## Life Insurance

| | |
|---|---|
| **Insured Person:** | |
| **Beneficiary:** | |
| **Amount:** | $ |
| **Company (s):** | |
| **Insured Person:** | |
| **Beneficiary:** | |
| **Amount:** | $ |
| **Company (s):** | |

## Heath Insurance

It is important to have health insurance that covers your adopted child (1) from placement date and (2) for pre-existing conditions. If you do not have health insurance indicate your plans for covering medical expenses.

| | |
|---|---|
| **Health Insurance:** | **Yes ___ No ___** |
| **Name of Company:** | **Policy number :** |
| **Coverage of Child from Placement Date:** | **Yes ___ No ___** |
| **Coverage of Child's Pre-Existing Conditions:** | **Yes ___ No ___** |

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**Client Signature** **Date** **Client Signature** **Date**