



NEW HORIZONS CHILD PLACING AGENCY

Family Name: _____

INCOME AND EXPENSES

Provide the following information about your financial status:

(NOTE: Please attach paycheck stubs or copies of your most recent tax returns or other documentation of your monthly income.)

Monthly Income

Caregiver #1 Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	Gross \$	Net \$
Caregiver #2 Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	Gross \$	Net \$
All Other Household Income Source: Rental Income, Alimony, Child Support, Dividends, Adoption Assistance, Foster Care Reimbursement, etc.	Gross \$	Net \$
TOTAL:		\$

Assets

Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.)	Value \$
Do you own your own home or do you rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)	

Household Expenses

Enter your household's average monthly expenses for the following items. DO NOT INCLUDE EXPENSES THAT ARE DEDUCTED FROM PAYCHECKS.

House/Rent Payments	\$	Automobile Insurance	\$
Payments for Other Real Property		Life Insurance	
Automobile Payments		Medical and Dental Insurance	
Gasoline and Auto Maintenance		Child Care	
Telephone		Child Support Payments	
Groceries and Household Supplies		Utilities	
Medical Care (Not covered by Insurance)		Other Debts/Expenses (specify)	
Dental Care (Not covered by Insurance)			
Clothing			
Recreation and Entertainment		TOTAL MONTHLY EXPENSES:	\$