



PROVIDENCE ADOPTION FUND FAMILY APPLICATION

I. GENERAL INFORMATION

Please provide your contact information:

First Name _____ Last Name _____

Spouse Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Mobile Phone _____

Number of dependent children in your immediate family? _____

Are you adopting through an official 501 (c) (3) placement agency? _____

Date home study was satisfactorily completed: _____

A completed copy of your home study or an approved formal application is required with this application. Please include/attach.

In order to simplify this application, if any of the requested information on the remainder of this form is included as part of your home study or an approved formal application please indicate that on this form with a "See H/S" or "See App".

II. EMPLOYMENT INFORMATION

Name of Organization/Employer _____ Position _____

Work Phone _____

Does your organization have adoption benefits? Yes No (circle one)

Spouse's Occupation _____

III. FINANCIAL INFORMATION

What were your earnings (wages, salaries, tips, combat pay, etc.) in the last year? _____

What were your spouse's earnings (wages, salaries, tips, combat pay, etc.) in the last year? _____

Most current combined Adjusted Gross Income _____

Previous year's combined Adjusted Gross Income _____

What is your (and your spouse's) total current balance of cash, savings, and checking accounts?

What is the net worth of your (and your spouse's) investments, including real estate (not your home)?

_____ (*net worth = current value - debt owed*)

What is the fair market value of your home? _____

What is your home equity? _____

What is the net worth of your deferred assets (retirement, IRA's, etc.)? _____

What is the net worth of your non-deferred assets (cash, bonds, stocks, etc.)? _____

What is the net worth of your (and spouse's) current business and/or other investments? _____

Approximately how much consumer debt (credit card, car/boat loans, etc.) do you carry monthly?

What is the annual amount of your earned income credit from IRS Form 1040? _____

What is the annual amount of any additional child tax credit from IRS form 1040? _____

What is the annual amount of child support you received for all children (do not include foster care or adoption payments), for the most current year? _____

What is the annual amount of child support you paid because of a divorce or separation or as a result of a legal requirement, for the most current year? _____

What is the annual amount of money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form, for the most current year? _____

III. FINANCIAL INFORMATION CONTINUED

What is the annual amount of housing, food and other living allowances paid to you as member(s) of the military, clergy and others (including cash payments and cash value of benefits), for the most current year?

How much do you give annually to non-profit organizations? _____

Do you rent your living space? _____

Comments/Special financial circumstances to be considered: _____

What is your estimated total adoption expense? _____

What is your remaining balance? _____

Have you received/do you expect to receive any additional funds in the form of gifts or grants (please explain)?

***Include the previous two years tax returns with this application.
(first two pages of your 1040)***

IV. AGENCY AND ADOPTEE INFORMATION

Adoption Agency Name _____

Agency Address _____

Agency City _____ Agency State _____ Agency Zip Code _____

Agency Phone _____

Caseworker's Name _____ Caseworker's Business Phone _____

Caseworker e-mail address _____

We realize that you may not have answers to the following questions. If you do not know an answer, simply leave the field blank--this will not impact your application. However, we ask that you do fill in the final box below to provide us with some information about your inspiration for adopting.

Adoptee's First Name _____

Adoptee's Last Name _____

Adoptee's Birthdate _____

Adoptee's Country of Origin _____

Expected Placement Date _____

Additional Information:

Are there any additional needs/special considerations? _____

What has inspired you to build your family through the miracle of adoption? _____

V. Release of Information

Upon submission of your application, additional information relating to your adoption expenses and sources of funding may be requested.

Release

We release this information to Providence Church for the purpose of evaluating our application for adoption financial assistance. This information will be used by the staff of Providence Church and the Adoption Fund Board. We understand that there is no guarantee of financial assistance and that financial assistance may be contingent on pursuing financial, spiritual, or personal counseling.

By signing below and submitting it to Providence Church, you are agreeing to the Release of information as stated above. You are also stating that the information that you provided, to the best of your knowledge, is true and accurate.

Applicant's signature: _____ *Date:* _____

Applicant's signature: _____ *Date:* _____