

All information is confidential and will only be used for the purpose of processing your adoption.

# Acres of Hope Liberia, Inc.

## Financial Form

Applicants Name(s): \_\_\_\_\_

### **INCOME**

Occupation or business: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_ Gross salary, current year: \_\_\_\_\_

Spouse's occupation or business: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_ Gross salary, current year: \_\_\_\_\_

Other source(s) of income: \_\_\_\_\_

Approximate yearly income from other sources: \_\_\_\_\_ **Total Yearly Income:** \_\_\_\_\_

### **EXPENSES**

Monthly mortgage or rent: \_\_\_\_\_ Monthly Utilities: \_\_\_\_\_ Food: \_\_\_\_\_

Car payment(s): \_\_\_\_\_ Clothing: \_\_\_\_\_ Insurance Premiums: \_\_\_\_\_ Dues: \_\_\_\_\_

Entertainment: \_\_\_\_\_ Credit Cards: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_

Child support payments (if any): \_\_\_\_\_ **Total Monthly Income:** \_\_\_\_\_

### **ASSETS**

Savings: \_\_\_\_\_ Checking: \_\_\_\_\_ Equity in all property owned: \_\_\_\_\_ Stocks & Bonds: \_\_\_\_\_

Vehicles: \_\_\_\_\_ Household Goods (value): \_\_\_\_\_ Other personal property: \_\_\_\_\_

Other Business Assets: \_\_\_\_\_ **Total Assets:** \_\_\_\_\_

### **LIABILITIES**

Mortgage balance on primary residence: \_\_\_\_\_ Mortgage balance on other property: \_\_\_\_\_

Total balance on all credit cards: \_\_\_\_\_ Notes (IOUs) given to others: \_\_\_\_\_

Loan balances on all vehicles: \_\_\_\_\_ Other loan balances: \_\_\_\_\_

**Total Indebtedness:** \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_

If you answered yes to this question please attach additional information describing when the bankruptcy occurred and the circumstances surrounding the bankruptcy.

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**LIFE INSURANCE**

Life Insurance company name: \_\_\_\_\_

Coverage Amounts      Primary Applicant: \_\_\_\_\_ Amount: \_\_\_\_\_

Spouse: \_\_\_\_\_ Amount: \_\_\_\_\_

Children: \_\_\_\_\_ Amount: \_\_\_\_\_

**MEDICAL INSURANCE**

Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_

Family Members covered by Insurance: \_\_\_\_\_  
\_\_\_\_\_

Will your medical insurance cover pre-existing conditions for your adopted child? \_\_\_\_\_

If yes what is the date your coverage will start (date of adoption, date you take custody)? \_\_\_\_\_

**Note: Acres of Hope Liberia Inc. requires a letter or documentation from your insurance company verifying coverage of your newly adopted child.**

Please include a short description of how you plan to pay for this adoption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I VERIFY THAT THIS INFORMATION IS TRUE, CORRECT, AND COMPLETE. I AUTHORIZE THE DISCLOSURE OF MY FINANCIAL INFORMATION TO ACRES OF HOPE, INC.

Signed on (date) \_\_\_\_\_ at (city) \_\_\_\_\_,  
(state/country) \_\_\_\_\_.

Signature of Principal: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

The above signed individual(s) personally appeared before me, a Notary Public, for the State, Providence of Country of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I reside in \_\_\_\_\_ county/province/country. My commission expires \_\_\_\_\_.