National Center for Children and Families
Innovative Family Connections
Foster Parent Licensing

Financial Statement

(COMAR 07.05.02.07)

***Instructions*:** Applicants are to complete this form and return it to the Licensing Specialist or Home Study Specialist. Fill in all blanks. Use "None" or "N/A" (not applicable), as appropriate.

Name:

Parent I _____ Parent II _____

Address: _____

Place of Employment

Parent I	**Parent II**
Place _____	Place _____
Address _____	Address _____
_____	_____
Phone _____	Phone_____

Annual Income

Parent I _____ Salary

Parent II _____ Salary

Financial Statement – Monthly

Monthly Income	
Foster Parent #1 (take home salary)	$
Foster Parent #2 (take home salary)	$
Other Income (Social Security, TANF, Retirement, Disability, etc): _____ _____	$
Total Monthly Income	**$**

Monthly Expenses	
Mortgage:(name on deed) _____ or Rent Payment	$
Utilities:(list below and write total in right column) a) Gas: _____ b) Electric: _____ c) Telephone: _____ d) Cell Phone: _____ e) Cable/Internet: _____ f) Other: _____ **TOTAL a-f: _____** **write this total in the right column	$
Food (includes groceries, dining out)	$
Credit cards: (total balance owed of all credit cards): _____	$_____ (total monthly payment)
Car payments	$
Car insurance: (name of company) _____	$
Child support or alimony payments	$
Clothing expenses for the family	$
Child Care (day care, baby sitter)	$
Personal loans: (total balance owed of all loans): _____	$_____ (total monthly payment)
Other Expenses: (automobile gas, entertainment, life insurance, medical bills, etc)	
1.	$
2.	$
3.	$
4.	$
5.	$
Total Monthly Expenses	**$**
	$
Total Net Monthly Income	$
Total Net Monthly Expenses	$
Total Remaining Monthly Income (subtract expenses from income)	$