# FINANCIAL VERIFICATION FOR FOSTER FAMILY HOMES

State Form 55734 (R3 / 6-15)
Approved by State Board of Accounts, 2015
DEPARTMENT OF CHILD SERVICES

*INSTRUCTIONS: Complete one form for each household for a license. This form may be completed by hand or electronically. If completing electronically, access the form online at Forms.in.gov.*

**FINANCIAL INFORMATION**

*NOTE: Verification is required for income and expenses with a (*) notation. Other verification may be requested. Examples of acceptable documentation are pay stubs, tax forms, investment statements, bank account statements and utility bill statements. Attach a separate sheet, if necessary. Use N/A when an item is not applicable.*

**Financial Profile**

| Source of Income | Monthly Take Home Income (from Each Source) | Monthly Living Expenses | A: Amount of Monthly Expense Paid with cash or checking (from Each Source) | B: Amount of Monthly Expense Paid with credit card (from Each Source) |
|---|---|---|---|---|
| Salary/Wages * | | Alimony/Child Support | | |
| Salary/Wages (spouse or other) * | | Auto Gasoline | | |
| Social Security/Disability * | | Auto Insurance * | | |
| Pension * | | Cable TV/Satellite/Internet | | |
| Rental Income * | | Charitable Contributions | | |
| Child Support * | | Child Care (Vouchers) | | |
| Adoption Assistance | | Children's Activities | | |
| Other Income | | Clothing | | |
| Other Income | | Dental Insurance (If not deducted) | | |
| **Total Monthly Take Home Income** | | Electric Bill * | | |
| | | Groceries | | |
| **Other Monthly Benefits** | | Dining out/Entertainment | | |
| Unemployment | | Natural Gas/Fuel Oil Bill * | | |
| Food Stamps | | Health Insurance | | |
| TANF | | Life/Disability Insurance (If not deducted) | | |
| WIC | | Medical out of pocket | | |
| Section 8 Allotment | | Cigarettes/Nicotine Products | | |
| Other | | Rental items (i.e Rent-A-Center) | | |
| Other | | Subscriptions | | |
| | | Telephone (Home) * | | |
| **Type of Secured Debt** | **Monthly Payments** (from Each Source) | Telephone (Cell) * | | |
| | | Trash Disposal | | |
| Rent * | | Tuition/School Supplies | | |
| First Mortgage * | | Water Bill * | | |
| Second Mortgage * | | Other Expenses | | |
| Land Lease (Trailer Park/Other) | | Other Expenses | | |
| Student Loans | | Other Expenses | | |
| Auto Loans/Leases | | Other Expenses | | |
| Auto Loans/Leases | | **Total Monthly Living Expenses** | | |
| Past Due Taxes | | | | |
| Other Debt | | **Summary** | | |
| Other Debt | | Total Monthly Take Home Income | | |
| **Total Secured Debt Payments** | | - Total Monthly Living Expenses | | |
| | | - Total Secured Debt Payments | | |
| **Type of Unsecured Debt** | **Monthly Payments** (from Each Source) | - Total Unsecured Debt Payments | | |
| | | **Monthly Disposable Income** | | |
| Credit Card 1 | | **Monthly Budget Deficit** | | |
| Credit Card 2 | | ***Notes:*** | | |
| Credit Card 3 | | | | |
| Personal Loan 1 | | | | |
| Personal Loan 2 | | | | |
| Collection Account 1 | | | | |
| Collection Account 2 | | | | |
| Medical Bill Payment | | | | |
| Other Debt | | | | |
| Other Debt | | | | |
| **Total Unsecured Debt Payments** | | | | |

| | | |
|---|---|---|
| Have you ever filed for bankruptcy? If yes, please note current payments under "other debts". ☐ Yes ☐ No | | If yes, when? *(month, day, year)* |
| Printed Name Applicant A | Signature Applicant A | Date *(month, day, year)* |
| Printed Name Applicant B | Signature Applicant B | Date *(month, day, year)* |