



FINANCIAL VERIFICATION FOR FOSTER FAMILY HOMES

State Form 55734 (R2 / 4-15)
 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 www.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	B
			Amount of Monthly Expense Paid with cash or checking (from Each Source)	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) *		
Rent *		Trash Disposal		
First Mortgage *		Tuition/School Supplies		
Second Mortgage *		Water Bill *		
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		
		- Total Unsecured Debt Payments		
Type of Unsecured Debt	Monthly Payments (from Each Source)	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)