



A Center for Adoption Services

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Financial Statement

APPLICANTS' NAME(S): _____

Annual Income: _____ Monthly Income: _____

Other Annual Income: _____

Life Insurance: _____

ASSETS

Vehicles: _____

Personal Property: _____

Real Estate – Residence: _____

Stocks/Bonds: _____

Savings Account(s): _____

Checking Account(s): _____

Retirement Plans (401K, etc.): _____

Other Investments: _____

TOTAL Assets (Not including income and insurance): _____

LIABILITIES

Monthly Payment

Total Owed

Credit Cards: _____

Bank Loans: _____

Home Mortgage: _____

Student Loans: _____

Other: _____

TOTAL Liabilities: _____

NET WORTH (Total Assets minus Total Liabilities): _____

I / We attest that the above information is an accurate summary of my/our assets, liabilities and other information.

Signature: _____

Signature: _____

Date: _____

Date: _____