



**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	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)		
<b>Total Monthly Take Home Income</b>		Electric Bill *		
		Groceries		
<b>Other Monthly Benefits</b>		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) *		
<b>Type of Secured Debt</b>	<b>Monthly Payments (from Each Source)</b>	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		<b>Total Monthly Living Expenses</b>		
Past Due Taxes				
Other Debt				
Other Debt				
<b>Total Secured Debt Payments</b>		<b>Summary</b>		
		Total Monthly Take Home Income		
		- Total Monthly Living Expenses		
		- Total Secured Debt Payments		
		- Total Unsecured Debt Payments		
<b>Type of Unsecured Debt</b>	<b>Monthly Payments (from Each Source)</b>	<b>Monthly Disposable Income</b>		
Credit Card 1		<b>Monthly Budget Deficit</b>		
Credit Card 2				
Credit Card 3				
Personal Loan 1				
Personal Loan 2				
Collection Account 1				
Collection Account 2				
Medical Bill Payment				
Other Debt				
Other Debt				
<b>Total Unsecured Debt Payments</b>				

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)