

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Major Monthly Expenses for Prospective Kinship/Foster/Adoptive Parents

Instruction: Applicants are to complete this form and return it to the home study or re-licensing worker. 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

Address _____

Address _____

Phone () - -

Phone () - -

Annual Income

Parent I _____
Salary

Parent II _____
Salary

Mortgage: _____
Monthly Payment

_____ Name(s) on Deed

Rent: _____
Monthly Payment

_____ Name(s) on Lease

Other property payments (if applicable) _____

Utilities

Gas: _____

Electricity: _____

Oil: _____

Telephone: _____

Cable: _____

Child support: (if applicable) _____

Car Payment (s): _____

Insurance

Car: _____
Name of company Policy Number Drivers License

Parent I

Parent II

Life: _____

Health: _____

Home/Apartment: _____

Loans/Credit Cards: _____

Food: _____

Miscellaneous (i.e. cell phone, clothing, entertainment):

Miscellaneous (i.e. cell phone, clothing, entertainment):

Total Net Monthly Income: _____
Total Monthly Expenses: _____
*subtract expenses from income
Total Remaining Monthly Income: _____

Signature _____

Signature _____

Date _____

Date _____