

## FOSTER FAMILY BUDGET

### APPLICANT #1

Name \_\_\_\_\_ \*Current Employment \_\_\_\_\_

\*Gross Monthly Income \_\_\_\_\_ \*Net Income \_\_\_\_\_

\*Other Sources of Income/Resources:

Source: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Total Monthly Net Income: \_\_\_\_\_

### APPLICANT #2

Name \_\_\_\_\_ \*Current Employment \_\_\_\_\_

\*Gross Monthly Income \_\_\_\_\_ \*Net Income \_\_\_\_\_

\*Other Sources of Income/Resources:

Source: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Net Income: \_\_\_\_\_

Total Monthly Net Income: \_\_\_\_\_

[illegible]

Total Monthly Income/Resources \$ \_\_\_\_\_

Total Monthly Expenses: \$ \_\_\_\_\_

Difference (positive or negative amount) \$ \_\_\_\_\_

Number of adults in the home: \_\_\_\_\_

Number of children in the home: \_\_\_\_\_

(For renewals, please indicate how many children in the home are foster children.)

Please retain this form and give it to the DCF surveyor at the time of your initial inspection **OR** to your sponsoring agency licensing worker at the time of renewal.

**FAMILY FINANCES CAN BE COMPLICATED AND THIS IS A SUMMARY FORM ONLY. PLEASE FEEL FREE TO ATTACH A SHORT EXPLANATORY STATEMENT IF YOU FEEL IT WILL ASSIST IN UNDERSTANDING YOUR FINANCIAL SITUATION.**

**\*Please provide documentation for income of all types. Documentation will only be reviewed. It will not be taken from the foster parents nor maintained by the Division.**

\_\_\_\_\_

Foster Parent signature

Date

\_\_\_\_\_

Foster Parent Signature

Date

\_\_\_\_\_

DCF Surveyor

Date

\_\_\_\_\_

CPA Staff

Date

