

**Georgia Department of Human Resources  
FINANCIAL STATEMENT FOR RESOURCE PARENTING**

Date:
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Family Name:	Father:	Mother:
Father's Occupation:		
Name and Address of Employer: _____		
Date Employed:	Monthly/Yearly Gross Salary:	
Mother's Occupation:		
Name and Address of Employer: _____		
Date Employed:	Monthly/Yearly Gross Salary:	
Other Household Income:		
Home: <input type="checkbox"/> Owned <input type="checkbox"/> Rent	Monthly Payment/Rent:	
Amount of Mortgage:	Approximate Market Value:	
List all other Assets:		
Total Amount of Assets: (Including House)		
Life Insurance:		
Father:		
Mother:		
Health Insurance: _____		
Is an adopted child covered from date of placement:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a waiting period for pre-existing conditions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## FINANCIAL STATEMENT FOR RESOURCE PARENTING

List All Outstanding Debts: (show total owed and monthly payments) Attach additional page if needed.

(Name of Creditor)	(Total Owed)	(Monthly Payment)
Credit Card(s): _____	_____	_____
_____	_____	_____
_____	_____	_____
Automobile(s): _____	_____	_____
_____	_____	_____
Bank Loan(s): _____	_____	_____
_____	_____	_____
_____	_____	_____
Furniture/Appliance(s): _____	_____	_____
Student Loan(s): _____	_____	_____
Other (list): _____	_____	_____
_____	_____	_____

Monthly Expenses: (List all monthly expenses by name and amount) Attach additional page if needed.

(Monthly Expense)	(Amount of Expense)
Rent/Mortgage:	_____
Electricity:	_____
Gas:	_____
Water:	_____
Sewage:	_____
Telephone:	_____
Insurance:	_____
Automobile:	_____
Home:	_____
Health:	_____
Dental:	_____
Life:	_____
Medical and Prescription Expenses:	_____
Cable Television:	_____
Internet Service:	_____
Cell Phone:	_____
Groceries:	_____
Clothing:	_____
Tithes/Charitable Contributions:	_____
Child Support:	_____
Day Care:	_____
Other (list):	_____
	_____

Total Monthly Income (after withholding): _____ (-) Total Monthly Payments and Expenses: _____ (=) Available Monthly Surplus: _____
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