



Madison Adoption Associates

Grant Application Form

Date of Application: _____

Name: _____

Address: _____

Phone #s: Home: _____ Work: _____ Cell: _____

Email addresses:

Parent 1: _____ Parent 2: _____

Adoption Home Study Agency: _____

Date of Home Study Completion: _____

Expected Date of Adoption Completion: _____

Child(ren) to be Adopted:

Country: _____ Ethnicity of Child: _____

Is the child currently residing in orphanage _____ or foster care _____?

Please complete the following for child(ren) being adopted:

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Waiting Child?</u>	<u>Special Need(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are adopting a waiting child, have you had the child's referral evaluated by an International Adoption Specialist? Yes _____ No _____

If yes, do you have a written report? Yes _____ No _____ (If yes, please send with application)

Society Office Complex
1102 Society Drive
Claymont, DE 19703



Phone: 302-475-8977
Fax: 302-529-1976
MadisonAdoption.org

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Current Family Profile

Single ___ Married ___ Date of Current Marriage _____

Current Children Living in the Home:

Name	Gender	Date of Birth	Adopted (Country)/Bio	Special Needs:

Why do you wish to adopt a child?

Financial Information:

Last Year's Household Income: _____ Current Year's Household Income: _____

Own Home? OR Rent? Monthly Mortgage/Rent Payment: _____

After paying bills each month, how much money is left? _____

Please fill out the attached "Certificate of Financial Status" and "Monthly Expense Report".

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Are there any past credit issues, such as bankruptcy or late payments? Yes ___ No

If yes, please explain:

Have you been approved by any bank, agency, church or foundation for financial help with this adoption? Yes ___ No ___ (If yes, please complete amounts below)

<u>Name</u>	<u>Amount</u>
1)	
2)	
3)	
4)	

Are family and friends providing financial help with this adoption? Yes _____ No _____

<u>Name</u>	<u>Amount</u>
1)	
2)	
3)	
4)	

Total cost for adoption including home study and travel: \$ _____

Amount paid to date: \$ _____

Funds currently available (i.e., personal savings or fundraising): \$ _____

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Special Family/Financial Circumstances to be Considered:

Please submit this application to your MAA Caseworker along with the following documents: (1) Certificate of Financial Status; (2) Monthly Expense Report; and (3) the 3 most recent years of tax forms (1040 and W2s). Thank you!



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Financial Worksheet

Annual Household Income: \$ _____

Annual income according to most recent Federal Tax Return \$ _____
(Submit most recent tax return, removing all social security numbers.)

Husband Annual Salary: \$ _____ **Wife Annual Salary:** \$ _____

Monthly Net Income:

Husband	\$ _____
Wife	\$ _____
Investments	\$ _____
Alimony and/or Child Support	\$ _____
State or Federal Assistance (SSI, Food Stamps, WIC, etc.)	\$ _____
Other _____	\$ _____
TOTAL:	\$ _____

Monthly break down of expenses:

Mortgage / Rent	\$ _____
Car Payments	\$ _____
Car Insurance	\$ _____
Utilities (phone, cell phone, gas, water, electric, internet and cable/dish)	\$ _____
Home Owner's / Renter's Insurance	\$ _____
Union or Professional Dues	\$ _____
Alimony and/or Child Support	\$ _____
Food	\$ _____
Clothing Expenses	\$ _____
Family Fun / Entertainment	\$ _____
Medical / Prescription Expenses	\$ _____
Health Insurance	\$ _____
Life Insurance	\$ _____
Charge Accounts and Loan Payments	\$ _____
Investment / Retirement Contributions	\$ _____
Religious contribution	\$ _____
Average monthly donations to other non-profit organizations	\$ _____
Other _____	\$ _____
TOTAL:	\$ _____

TOTAL: (Monthly Income- Monthly Expenses =Monthly Surplus) \$ _____



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Average Monthly Checking account balance over past 12 months: \$ _____

All assets and liabilities must be verified through current statements.

Financial Assets:

Value of residence	\$ _____
Amount in savings	\$ _____
Amount in investments	\$ _____
401(K) or Retirement Savings	\$ _____
Personal Property	\$ _____
Other assets	\$ _____

TOTAL: \$ _____

Financial Liabilities:

Mortgage balance due on property owned	\$ _____
Loan balance for motor vehicles	\$ _____
Loan balance for all other loans	\$ _____
Credit Card Balance(s)	\$ _____

TOTAL: \$ _____

Total Net Worth = Financial Assets – Financial Liabilities \$ _____

Life Insurance Coverage:

Husband: verified <input type="checkbox"/>	\$ _____
Wife: verified <input type="checkbox"/>	\$ _____
Additional Life Insurance- For _____	\$ _____

Health Care Insurance: _____ verified

Health Care Insurance for Child upon placement date: _____ verified

Home Owners or Renters Insurance Company: _____ verified

Auto Insurance Company: _____ verified

I/We have completed this worksheet with information that is true and accurate to the best of my/our knowledge.

Adoptive Parent's Signature _____ **Date** _____

Adoptive Parent's Signature _____ **Date** _____

Subscribed and sworn to before me this ____ day of _____, 20__ by _____
who is: personally known to me or
 produced their _____ as identification.

Notary Public

State

County

My Commission Expires



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Monthly Expenses Worksheet

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

TOTAL APPROXIMATE MONTHLY INCOME: \$ _____

**Please list the amount paid each month for the following bills.
If fees vary by month, please give a reasonable estimate. Thank you!**

Mortgage/Rent \$ _____

Car # 1 \$ _____

Car #2 \$ _____

Insurance \$ _____

Utilities \$ _____

Food \$ _____

Credit Cards \$ _____

Personal Expenses \$ _____

Other: (Please list)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Signature

Signature