

Society Office Complex
1102 Society Drive
Claymont, DE 19703



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

Madison Adoption Associates

MAA Grant Application Form

Date of Application: _____

Name: _____

Address: _____

Phone #s: Home: _____

Work: _____

Cell: _____

Email addresses:

Husband: _____ Wife: _____

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>
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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 attach)

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Current Family Profile

Single Married

Date of current marriage: _____

Current children living in the home:

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Adopted (Country)/Bio</u>	<u>Special Needs:</u>
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Why do you wish to adopt this child?

Financial Information:

Last Year's Household Income: \$ _____

Current Year's Household Income: \$ _____

Own Home 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".

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

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)

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

Name Amount

- 1)
- 2)
- 3)
- 4)

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

Amount paid to date: \$ _____

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

Special Family/Financial Circumstances to be Considered:

Please submit with this application: "Certificate of Financial Status", "Monthly Expense Report", and last 3 years of tax forms (1040 and W2s). Thank you!



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CERTIFICATE OF FINANCIAL STATUS

Applicant's names: _____

		This Year	Last Year
Annual Income:	Husband	= \$ _____	\$ _____
	Wife	= \$ _____	\$ _____
Other annual Income:	Husband	= \$ _____	\$ _____
	Wife	= \$ _____	\$ _____
Life Insurance:	Husband	= \$ _____	\$ _____
	Wife	= \$ _____	\$ _____

ASSETS:	VALUE
Personal Property (vehicles and others)	\$ _____
Real Estate: (residence and others)	\$ _____
Stocks and Bonds	\$ _____
Savings Account(s)	\$ _____
Checking Account(s)	\$ _____
Other Investments	\$ _____
TOTAL ASSETS: (not including income & insurance)	\$ _____

MONTHLY LIABILITIES:	PAYMENT:	TOTAL OWED:
Credit Cards	\$ _____	\$ _____
Home Mortgage	\$ _____	\$ _____
Other Liabilities	\$ _____	\$ _____
TOTAL LIABILITIES:		\$ _____

NET WORTH (total assets minus total liabilities): \$ _____

I/We attest that the above-mentioned financial statement is an accurate summary of my/our assets, liabilities and others.

Signature

Signature

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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

Date

Date