

**Bradford County Children & Youth Services**  
**RESOURCE FAMILY FINANCIAL ASSESSMENT**

**A. Applicant father**

**1. Employment**

Name:	
Present employer's name	Days and working hours

**2. Income**

Gross monthly income	Take-home monthly income
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**3. Other income or benefits**

List other income or benefits such as Social Security benefits, adoption assistance payments, foster care payments, child support, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF).

Source of income	Gross monthly income	Take-home income

**B. Applicant mother**

**1. Employment**

Name:	
Present employer's name	Days and working hours

**2. Income**

Gross monthly income	Take-home monthly income
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**3. Other income or benefits**

List other income or benefits such as Social Security benefits, adoption assistance payments, foster care payments, child support, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF).

Source of income	Gross monthly income	Take-home income

**C. Household income**

Household total monthly take-home income: \$ \_\_\_\_\_

Number of persons supported, income including foster children , when applicable: \_\_\_\_\_

**D. Monthly expenses**

Mortgage or rent payments or other housing expenses: \$ \_\_\_\_\_

Child support – list each child for whom child support is owed and the amount owed for each child: \$ \_\_\_\_\_

Groceries: \$ \_\_\_\_\_

Child care: \$ \_\_\_\_\_

Medical expenses not covered by insurance: \$ \_\_\_\_\_

Vehicle Payments:

    Vehicle 1 \$ \_\_\_\_\_

    Vehicle 2 \$ \_\_\_\_\_

    Vehicle 3 \$ \_\_\_\_\_

Gasoline: \$ \_\_\_\_\_

Auto maintenance: \$ \_\_\_\_\_

Utilities Total: \$ \_\_\_\_\_

    Gas or propane \$ \_\_\_\_\_

    Electric \$ \_\_\_\_\_

    Cable or satellite \$ \_\_\_\_\_

    Phone \$ \_\_\_\_\_

    Cell phone(s) \$ \_\_\_\_\_

    Internet \$ \_\_\_\_\_

    Sewer and water \$ \_\_\_\_\_

Insurance Total \$ \_\_\_\_\_

    Home \$ \_\_\_\_\_

    Medical \$ \_\_\_\_\_

    Auto \$ \_\_\_\_\_

    Life \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Charitable donations to church or other organization \$ \_\_\_\_\_

Entertainment or recreation \$ \_\_\_\_\_

Student loans \$ \_\_\_\_\_

Credit cards: List each card and average monthly payment for each: \$ \_\_\_\_\_

    Card: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

    Card: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

    Card: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

    Card: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

Other recurring monthly expenses. Itemize each expense: \$ \_\_\_\_\_

    Expense: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

    Expense: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

    Expense: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

    Expense: \_\_\_\_\_ Average monthly payment: \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

Have you filed bankruptcy in the last ten years?  Yes  No  
 If yes, bankruptcy court case number: \_\_\_\_\_  
 Where was bankruptcy action filed? \_\_\_\_\_  
 Do you have pending tax liens?  Yes  No  
 If yes, where and how much? \_\_\_\_\_  
 Are you subject to any type of settlement agreement(s) that obligates you  
 to make a money payment now or in the future?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_  
**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

Please attach a copy of your two (2) most recent pay stubs for all applicants and most recent Federal Tax Return.

I/We swear and affirm that the information provided in this statement is true and correct to the best of my knowledge and belief. I/We understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the "Crimes Code".

\_\_\_\_\_  
 Applicant father

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant mother

\_\_\_\_\_  
 Date