AAI STATEMENT OF MONTHLY INCOME AND EXPENSES

Instructions: Please Complete this form and Submit it along with a copy of Your Most Recent Pay Stub, please round all numbers to the nearest number.

I. INCOME:	**FATHER**	**MOTHER**
MONTHLY SALARY: (After Taxes/Payroll/health insurance deductions)	_____	_____
PENSION:	_____	_____
INTEREST:	_____	_____
OTHER INCOME: (e.g. PT Job or Child Support)	_____	_____
RENTAL INCOME:	_____	_____
MONTHLY INCOME:	_____	_____

TOTAL MONTHLY INCOME FOR HOUSEHOLD: _____
(The sum of all items listed above)

III. MONTHLY EXPENSES:

Rent/Mortgage:	_____	Food:	_____
Heat/Air:	_____	Electric:	_____
Water:	_____	Telephone:	_____
Clothing:	_____	Car Payment:	_____
Medical & Dental Expenses	_____	Other Car Expenses:	_____
Club/Professional Dues:	_____	School Expenses:	_____
Church Contributions:	_____	Life Insurance:	_____
Car Insurance:	_____	Property Insurance:	_____
Other Installments & Loan Payments:	_____		

TOTAL MONTHLY EXPENSES: _____

MONTHLY SURPLUS: (INCOME MINUS EXPENSES): _____

This is to certify that the information furnished on this statement is true to the best of my knowledge and belief.

Signature: _____ _____

Adoptive Father Adoptive Mother