

# A Child Waits Foundation Grant Application

## Monthly Budget

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Net Monthly Income - Income after Taxes:**

Adoptive Parent 1 \_\_\_\_\_  
 Adoptive Parent 2 \_\_\_\_\_  
 Other Household Members \_\_\_\_\_  
 Child Support/Foster Care/Adoption Stipends \_\_\_\_\_  
 Bonus \_\_\_\_\_  
 Other (social security, disability, retirement, military, etc.) \_\_\_\_\_

1. Total Monthly Income \$ \_\_\_\_\_

**Monthly Household Expenses:**

Mortgage/Rent \_\_\_\_\_  
 Home Equity Loan \_\_\_\_\_  
 Utilities/Internet \_\_\_\_\_  
 Insurance (house, life, medical, etc.) \_\_\_\_\_  
 Groceries/Personal Care Items \_\_\_\_\_  
 Medical/Prescription Expenses \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Parent/Child Educational Expenses \_\_\_\_\_  
 Entertainment/Extracurricular Activities \_\_\_\_\_  
 Car Expenses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

2. Total Expenses \$ \_\_\_\_\_

**Loans and Credit Cards - Exclude Expenses Already Listed Above:**

Name of Bank/Lender	Current Balance	Monthly Payment
3. Total Loans and Credit Cards		\$ _____

4. Monthly Income (Enter amount from line 1) \$ \_\_\_\_\_

5. Grand Total of Monthly Expenses (Enter total of line 2 & 3) \$ \_\_\_\_\_

6. Money Left After Paying Bills (Subtract line 5 from line 4) \$ \_\_\_\_\_