



APPLICATION FOR ADOPTION FINANCIAL ASSISTANCE

Please complete in full and print legibly or type.

Amount of financial assistance requested \$ _____ Date _____

Adopting father's name _____ Adopting mother's name _____

Street Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Mobile phone father (____) _____ Mobile phone mother (____) _____

Home email address(es) _____ Date of marriage _____

Adopting father's information

Occupation _____ Name of employer _____

Business address _____ City _____ State _____ Zip _____

Business phone (____) _____ Business email _____ Business fax (____) _____

Monthly salary (gross)\$ _____ Employed since _____ Country of Citizenship: _____

Adopting mother's information

Occupation _____ Name of employer _____

Business address _____ City _____ State _____ Zip _____

Business phone (____) _____ Business email _____ Business fax (____) _____

Monthly salary (gross)\$ _____ Employed since _____ Country of Citizenship: _____

Current Dependents

Table with 3 columns: Name, Age, Relationship. Rows 1-6.

Church Information:

Church Name _____ Pastor's Name _____

Street Address _____ City _____ State _____ Zip _____

Church Phone Number _____ Church website _____ Member Regular Attendee

Does your church presently have an adoption assistance partnership with ABBA Fund? _____ Name of fund? _____

If not, would you be interested in learning more about starting an adoption fund or ministry at your church? _____

How did you hear about ABBA Fund? _____

Details of Adoption

Name of Adoption Agency _____

Address _____ City _____ State _____ Zip _____

Name of contact person or social worker _____ Telephone _____

When others hear your "adoption story" it may prompt them to give money to ABBA Fund so we can help more families like yours. May we use your "adoption story" and photographs on our website and/or in other electronic or printed media for these purposes? (Your answer will not affect our decision regarding whether financial assistance will be provided to you.)

___ Yes ___ No

Can we add you to our monthly email newsletter list? ___ Yes ___ No

Number of children you are adopting _____ From what country _____

Have you been matched with a child(ren) by a licensed adoption agency? ___ Yes ___ No

Ages of the children _____

Special Needs of the children (if any) _____

Have you completed the process in order to receive approval for travel to pick up the child(ren)? ___ Yes ___ No

Expected date of approval _____ Expected date of travel to pick up child(ren) _____

Would you be able to complete the adoption without this financial assistance? If yes, how so? _____

In the case of an interest-free loan, what monthly amount could you covenant to repay each month until full reimbursement is made? \$ _____ per month.

Adoption Costs:

Agency Fees _____

Foreign Program Fees _____

Home Study _____

In-Country Fees _____

INS Fees _____

Orphanage Donation _____

Notarization/Authentication _____

Translation Fees _____

Travel First Trip _____

Travel Second Trip _____

Visas/Passports _____

Other: _____

Other: _____

Total Adoption Costs _____

Source of Funds:

Personal Funds (savings, etc.) _____

Employer Assistance _____

Home Equity Line _____

Other Loans/Grants Applied for: _____

Name: _____

Name: _____

Name: _____

Other: _____

Total Estimated Resources: _____

Statement of Net Worth

Assets

Cash

On hand \$ _____
Checking \$ _____
Savings \$ _____

Investments

Stock \$ _____
Bonds \$ _____
Real Estate (other than your home) \$ _____
Other \$ _____

Retirement Accounts \$ _____

Personal Property

Auto \$ _____
Auto \$ _____
Household \$ _____

Real Estate (Home) \$ _____

Other Assets: _____ \$ _____

Total Assets \$ _____

Liabilities

Current Bills \$ _____

Credit Cards \$ _____

Auto Loans \$ _____

Home Mortgage \$ _____

Other Liabilities \$ _____

Total Liabilities \$ _____

Net Worth (Assets - Liabilities) \$ _____

Name and contact information of nearest relative:

Name of nearest relative _____ Relationship _____

Relative's address _____ City _____ State _____ Zip _____ Phone (____) _____

Cash Flow

	<i>Monthly</i>	<i>Annual</i>	
Gross Income	\$ _____	\$ _____	
Less:			
Charitable Giving	\$ _____	\$ _____	
Taxes	\$ _____	\$ _____	
Debt Repayment (Not Including Home Mortgage)	\$ _____	\$ _____	
Net Spendable Income	\$ _____	\$ _____	
<i>(Total Gross Income - Giving - Taxes - Debt)</i>			
Living Expenses			
Housing			
Mortgage/Rent	\$ _____	\$ _____	
Property Taxes	\$ _____	\$ _____	
Insurance	\$ _____	\$ _____	
Utilities	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Total Housing (a)	\$ _____	\$ _____	
Food (b)	\$ _____	\$ _____	
Clothing (c)	\$ _____	\$ _____	
Transportation			
Car Payment	\$ _____	\$ _____	
Insurance	\$ _____	\$ _____	
Gas/Maintenance	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Total Transportation (d)	\$ _____	\$ _____	
Entertainment/Recreation (e)	\$ _____	\$ _____	
Medical Expenses (f)	\$ _____	\$ _____	
Insurance (g)	\$ _____	\$ _____	
Gifts (h)	\$ _____	\$ _____	
Miscellaneous (i)	\$ _____	\$ _____	
Total Living Expenses: [Sum of (a) through (i)]	\$ _____	\$ _____	
Cash Flow	\$ _____	\$ _____	
<i>(Net Spendable Income - Total Living Expenses)</i>			

Applicant and spouse must answer the following questions (attach an additional sheet of paper if necessary):

WIFE

1. What is your church involvement?

2. What is your spiritual testimony?

3. Why are you adopting?

4. What is your philosophy regarding the spiritual training of your child(ren)?

5. What is your philosophy regarding the education of your child(ren)?

6. Some day, your child will have questions about his/her life and existence. What will you teach your children about each of the following topics?

- a. CREATION: How did it all begin? Where did we come from? _____

b. THE FALL: What went wrong? What is the source of evil and suffering? _____

c. REDEMPTION: What can we do about it? What is the basis and foundation of your relationship with God?

7. How would you describe your "parenting style"?

8. What parenting skills training have you received in the past, and how do you plan to continue to improve your parenting skills?

9. What is your understanding of a covenant and your obligation to fulfill your part of a covenant that you make?

HUSBAND

10. What is your church involvement?

11. What is your spiritual testimony?

12. Why are you adopting?

13. What is your philosophy regarding the spiritual training of your child(ren)?

14. What is your philosophy regarding the education of your child(ren)?

15. Some day, your child will have questions about his/her life and existence. What will you teach your children about each of the following topics?

a. CREATION: How did it all begin? Where did we come from? _____

b. THE FALL: What went wrong? What is the source of evil and suffering? _____

c. REDEMPTION: What can we do about it? What is the basis and foundation of your relationship with God?

16. How would you describe your "parenting style"?

17. What parenting skills training have you received in the past, and how do you plan to continue to improve your parenting skills?

18. What is your understanding of a covenant and your obligation to fulfill your part of a covenant that you make?

We hereby give consent for **ABBA Fund** to contact our adoption agency and any other person or institution named in this application and we authorize such persons and institutions to release information to **ABBA Fund**. We also understand and agree that ABBA Fund is not obligated to provide any assistance to us.

Signature of Adopting Father

Signature of Adopting Mother

Mailing Information

Please submit your completed application along with a copy of the following documents to **ABBA Fund** at the address shown on Page 1 of this Application. If you prefer, you can submit the application online and provide the other documents to us electronically to application@abbafund.org.

_____ Copy of current driver's licenses

_____ Copy of Home Study

_____ Copy of most recent Federal Tax Return

_____ Copy of most recent paycheck stub for you and your spouse (if your spouse is employed outside the home.)

_____ Three references must be received by ABBA Fund prior to review of your application. References should include your Pastor, an employer/co-worker, and friend. Reference forms are included as the last three pages of this application form and should be completed and mailed to ABBA Fund by your references.



Employer/Co-worker Reference

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family’s life but we ask you be as candid as possible. Please send the completed form to:

ABBA Fund
P.O. Box 1120
Ramseur, NC 27316

Name of Reference: _____

Phone: _____

Email: _____

Date: _____

Can we add you to our monthly email newsletter list? ____ Yes ____ No

Name of Family: _____

How long have you known this person?

How would you describe this person’s work habits?

How would you describe this person’s character?

If an interest-free loan is provided do you have any reason to believe this family would not repay it?

Please add any additional comments or concerns.

Signature



Friend Reference

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family’s life but we ask you be as candid as possible. Please send the completed form to:

ABBA Fund
P.O. Box 1120
Ramseur, NC 27316

Name of Reference: _____

Phone: _____

Email: _____

Date: _____

Can we add you to our monthly email newsletter list? ____ Yes ____ No

Name of Family: _____

How long have you known this family?

How are you acquainted with this family?

How would you describe this family?

Do you have any concerns about them as parents?

If an interest-free loan is provided do you have any reason to believe this family would not repay it?

Please add any additional comments or concerns.

Signature



Pastor Reference

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family’s life but we ask you be as candid as possible. Please send the completed form to:

ABBA Fund
P.O. Box 1120
Ramseur, NC 27316

Name of Reference: _____

Title: _____

Phone: _____

Email: _____

Date: _____

Would you be interested in learning more about starting an adoption fund or ministry at your church? _____

Can we add you to our monthly email newsletter list? ____ Yes ____ No

Name of Family: _____

How long have you known this family?

How would you describe this family?

Please describe the family’s spiritual life and witness for Christ?

Please describe the family’s church involvement.

Do you have any concerns about them as parents?

If an interest-free loan is provided, do you have any reason to believe this family would not repay it?

If an interest free loan is provided and the family fails to repay it, would you and your church serve as an accountability partner?

Please add any additional comments or concerns.

Signature