

**EPWORTH CHILDREN'S HOME
FAMILY FINANCIAL AGREEMENT FORM**

Family Name: _____

Child's Name: _____

Annual/Family Income (All Sources)

Salary (net).....	\$ _____
Spouse Salary (net).....	\$ _____
Social Security Income.....	\$ _____
V.A. Benefits.....	\$ _____
Alimony.....	\$ _____
AFDC.....	\$ _____
Relative Assistance.....	\$ _____
Retirement Benefits.....	\$ _____
Disability Benefits.....	\$ _____
Unemployment Benefits.....	\$ _____
Workers Compensation.....	\$ _____
Investments/Rentals.....	\$ _____
Child Support.....	\$ _____
Adoption Subsidy.....	\$ _____
Other.....	\$ _____
Total Annual Family Income.....	\$ _____

Parent/Guardian Signature & Date

Please provide proof of income by submitting four(4) consecutive pay stubs and W2 for the previous year for each individual in the household. Please include any support (including Social Security Benefits) received for your child.

For Official Use Only:

The monthly family financial payment to Epworth Children's Home is \$ _____.

Staff Signature/Title

Date