

**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 or a W2 for the previous year for each individual in the household. Please include any support received for your child.

For Official Use Only:

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

\_\_\_\_\_  
Staff Signature/Title

\_\_\_\_\_  
Date