
Husband's Full Name _____ Age _____

Wife's Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell/Work Phone _____

Primary Email Address _____ Secondary Email Address _____

Date of Marriage _____ Any prior divorce? _____ Date _____

Husband's Employer _____ Length of employment _____

Wife's Employer _____ Length of employment _____

1. Date of Birth of Husband _____ / _____ / _____

2. Date of Birth of Wife _____ / _____ / _____

3. Names and ages of biological children in family _____

4. Have you adopted previously? Yes ___ No ___ If yes, names/ages _____

5. Have you completed your dossier? _____ (if international)

6. Do you have a specific child identified already for this adoption? _____

If yes, Full Name _____ Age ___ Sex _____ Country _____

7. Do you plan on adopting an older/special needs child? _____

8. Are you a member of Highlands Church? Yes _____ No _____

9. Church Activities _____

10. Do you profess Jesus Christ as your personal Lord and Savior? _____

11. May we contact your pastor? Yes ___ No ___ Pastor's Name _____

Church Phone _____ Cell Phone _____

12. Family blog info _____

13. Specify any special financial considerations or circumstances we should be aware of:

ADOPTION COSTS

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
Agency Fees		Overseas Fees	
Child's Medical Exam		Translation Fees	
Foreign Program Fee		Travel 1 st Trip	
Home Study		Travel 2 nd Trip	
In-Country Fees		Visas	
INS Fees		Other	
Notarization/Authentication		Other	
Orphanage Fees		TOTAL ADOPTION COST:	

Please indicate how you intend to finance your adoption costs:

Personal Funds: (savings, etc.) \$ _____

Employer Benefit: (if applicable) \$ _____

Other Grants/Loans Applied For:

 Name: _____ \$ _____

 Name: _____ \$ _____

 Name: _____ \$ _____

Other source of funds: (please specify) \$ _____

Total Estimated RESOURCES: \$ _____

DEFICIT: (Total Resources – Total Cost) \$ _____

STATEMENT OF NET WORTH

As of Date ____/____/____

The following needs to be a complete list of the balances or values of the items you have ownership of (*assets*) and balances of amounts you owe (*liabilities*) as of the above date.

ASSETS

Cash	\$ _____
Checking Accounts	\$ _____
Savings Accounts	\$ _____
Investment Accounts (other than retirement)	\$ _____
Retirement Accounts	\$ _____
Life Insurance Cash Surrender Value (not death benefit)	\$ _____
Value of Autos	\$ _____
Value of Home	\$ _____
Approximate Value of Household Items	\$ _____
Value of other items you own not listed above (write description):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL ASSETS \$ _____**LIABILITIES**

Credit Card Balances	\$ _____
Balances of Past Due Bills (excluding credit cards)	\$ _____
Auto Loan Balances	\$ _____
Home Mortgage Balance	\$ _____
Any Other Amounts Owed (write description):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LIABILITIES \$ _____**NET WORTH** \$ _____*(Assets - Liabilities)*

CASH FLOW STATEMENT
(Both monthly and annual columns of cash flow must be completed.)

	<i>Monthly</i>	<i>Annual</i>
INCOME		
Gross Salary/Wage	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other Income (write description):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____
CHURCH GIVING	\$ _____	\$ _____
EXPENSES/PAYMENTS		
Taxes and other deductions from paychecks	\$ _____	\$ _____
Housing Costs:		
Mortgage/Rent	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Other Housing Costs	\$ _____	\$ _____
Telephone (include cell phones)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Transportation Expenses:		
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Gas/Maintenance	\$ _____	\$ _____
Other Transportation Expenses	\$ _____	\$ _____
Entertainment/Recreation	\$ _____	\$ _____
Medical Expenses (include health insurance if paid by you)	\$ _____	\$ _____
Other Charitable Gifts	\$ _____	\$ _____
Other debt payments/expenses not listed above (write description):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES/PAYMENTS	\$ _____	\$ _____
CASH FLOW	\$ _____	\$ _____
<i>(Total Income – Church Giving and Total Expenses/Payments)</i>		

CONSENT FORM

1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoption. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of *Lifesong for Orphans* that assistance will be granted or given.

2. AUTHORIZATION AND RELEASE

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of *Lifesong for Orphans* to obtain financial and personal information from any institution or individuals including but not limited to those individuals and institutions listed as references and made a part of this application. The undersigned further consents to the release of any information to any authorized *Lifesong for Orphans* employee or agent from any individual or financial institution listed on the attached list of references. The undersigned further authorizes any pastor, elder, minister or counselor included in the list of references to release to *Lifesong for Orphans* or its representatives personal information and opinions regarding the applicant's lifestyle, language, habits, truthfulness, parental fitness, and general moral and biblical character.

Adoption Agency: _____ **Case Worker:** _____ **Phone:** _____

3. LIMIT OF LIABILITY

The undersigned acknowledges that *Lifesong for Orphans* has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Lifesong for Orphans* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Lifesong for Orphans* harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

4. PERMISSION

The undersigned gives *Lifesong for Orphans* permission to use their story and/or photographs on the *Lifesong for Orphans* website, and/or printed material, with the purpose of helping families to adopt children. (Your answer does not have an effect on financial assistance) Yes _____ No _____

5. SUPPORT RAISING AGREEMENT

The undersigned parties acknowledge they are freely agreeing to the following terms and conditions as a requirement to participate in the adoption grant process for Lifesong for Orphans (LS):

1. If participating in a matching grant, we commit to reaching out to friends and family for support.
2. We understand we may not donate money to LS towards our own adoption expenses and receive a tax deduction.
3. We understand and accept that all funds and/or donations received by LS are under the ultimate control of the LS Board of Directors that make all final decisions regarding distributing and/or grants and loans of any funds.
4. We understand any funds raised (including matching grant amount, if applicable) beyond our documented adoption costs may be used to further the ministry of LS and assist with other Highlands Church families' cost of adoption.
5. We understand that if we decide not to adopt or our adoption is disrupted for any reason we will contact LS immediately. Any funds raised that have not been disbursed for adoption related costs will be used to further the ministry of LS and assist other Highlands Church families with the cost of adoption. Donations cannot be returned to donors.

6. We agree to submit proper documentation as requested by LS for payment and/or reimbursements of any kind.
7. We understand, accept and agree to use any and all funds received by LS exclusively for legitimate adoption expenses, including but not limited to agency fees, legal fees, etc. We agree to provide verification of adoption related expenses to LS upon request.

6. ATTACHMENTS

1. **Picture** – If you have a picture of the child you desire to adopt, and are willing to share with us, please send in a photo along with your application. Please also include a photo of your current family.
2. **Tax Return** – Please send us a copy of your most current year's Federal Tax Return (**1040 form-1st 2 pages only**)
3. **Copy of Homestudy** – Please send us a copy of your completed Homestudy
4. **Letter from Pastor** – A written reference from one of your pastors on church letterhead indicating his support of your adoption.

7. REQUEST TYPE

- Fund Raising Support** – We provide you with a support raising kit. The resulting process allows friends who wish to support your adoption to receive tax deductions for their donations on behalf of your adoption.
- Matching Grant** – We provide you with a matching grant and a support raising kit. The grant acts as a catalyst to the process which allows friends who wish to support your adoption to receive tax deductible receipts for their donations.
- Lifesong/Both Hands** – This provides an innovative method to help remove the financial barrier to your adoption and to help benefit a widow's home. As the family, you would ask volunteers to work on a widow's home for one day and send out sponsorship letters to sponsor them to work on the home. All of the money raised would be given as a donation to your family fund.
- Interest Free Loan** – Interest free loans help couples overcome the initial cash flow crunch of adoption expenses. Repayments can be made on a monthly basis or annually to coincide with adoption tax credits.

Note: Application processing time frame: 8-10 weeks

There are a limited number of funds that can be given as Matching Grants or Interest Free Loans. Each application is prayerfully considered.

8. SIGNATURES

We are providing this information to Lifesong for Orphans for their internal and confidential use. All information contained in this application is accurate to the best of our knowledge.

Adoptive Father _____

Date: _____

Adoptive Mother _____

Date: _____

Submit Application to:

Lifesong for Orphans

Attn: Highlands Church, Scottsdale, AZ - Adoption Fund

PO Box 40

Gridley, IL 61744

APPLICATION CHECKLIST

To help us process your application in a more timely manner, please use this as a checklist to ensure you've included all the necessary items. If you don't have something included, please give us an explanation for this. Thank you!

INCLUDED	NOT INCLUDED	INFORMATION	EXPLANATION
_____	_____	Adoption Grant & Loan Application	_____
_____	_____	Adoption Costs	_____
_____	_____	Statement of Net Worth	_____
_____	_____	Cash Flow	_____
_____	_____	Statement of Faith	_____
_____	_____	Husband Salvation Testimony	_____
_____	_____	Wife Salvation Testimony	_____
_____	_____	Adoption Testimony	_____
_____	_____	Pastor Referral Letter	_____
_____	_____	Picture of Your Family	_____
_____	_____	Picture of Your Child <i>(If Available)</i>	_____
_____	_____	Signed Consent Form & Request Type	_____
_____	_____	Signed Home Study Complete	_____
_____	_____	Last Year's Tax Return (1040 Form 1 st 2 pages only)	_____

*** Please attach this to the front of your application. If all information is not submitted, it may delay your file being processed. Thank you.**



Bringing Joy and Purpose to Orphans

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