

PERSONAL INFORMATION

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) Yes No

6. Do you have a specific child identified already for this adoption? Yes No
 If yes, Full Name _____ Age _____ Sex _____ Country _____

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

8. Which church do you attend? _____ Are you members? 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)



ADOPTION GRANT & LOAN APPLICATION



~ Abby's Adoption Fund ~

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.)

	Monthly	Annual
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	\$ _____	\$ _____

(Total Income – Church Giving and Total Expenses/Payments)

ADOPTION TESTIMONY

How has God led you to adopt (adoption testimony)? *(Please use a separate sheet of paper)*

PERSONAL STATEMENT OF FAITH

(Please use 2-3 sentences to answer the following questions.)

1. Who is God?
2. Who is Jesus Christ?
3. Who is the Holy Spirit?
4. How do you use God's Word (the Bible) in your life?
5. Describe your daily walk with God?
6. What is eternal salvation? How do you become saved?
7. Share your salvation testimonies. *(Please use a separate sheet of paper)*

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 Inc* 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 Inc* 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 Inc* 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 Inc* 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 Inc* has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Lifesong Inc* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Lifesong Inc* 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 Inc* 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 Inc* (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 Inc 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 Abby's Adoption Fund 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 Abby's Adoption Fund 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.

~ Abby's Adoption Fund ~

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 fundraising catalyst which allows friends who wish to support your adoption to have the added incentive of seeing their impact doubled. For every dollar given through Lifesong toward the matching grant, the adoption fund partner provides an equal donation, up to the total matching grant amount. Matching grants make adoption fundraising an easier “ask”, thus, Lifesong families often raise three times more than the total matching grant amount. As always, any gift given toward a Lifesong matching grant is tax-deductible.
- 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: 4-6 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 Inc 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: Abby's Adoption Fund
PO Box 9
Gridley, IL 61744

SUBMIT APPLICATION THROUGH EMAIL TO: applications@lifesong.org

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
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Grant & Loan Application	_____
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Costs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Statement of Net Worth	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cash Flow	_____
<input type="checkbox"/>	<input type="checkbox"/>	Statement of Faith	_____
<input type="checkbox"/>	<input type="checkbox"/>	Husband Salvation Testimony	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wife Salvation Testimony	_____
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Testimony	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pastor Referral Letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	Picture of Your Family	_____
<input type="checkbox"/>	<input type="checkbox"/>	Picture of Your Child <i>(If Available)</i>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Signed Consent Form & Request Type	_____
<input type="checkbox"/>	<input type="checkbox"/>	Signed Home Study Complete	_____
<input type="checkbox"/>	<input type="checkbox"/>	Last Year's Tax Return (1040 Form 1st 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.**