



Adoption Grant & Loan Application
~ The Hope Adoption Fund ~



Husband's Full Name _____ Age _____
 Wife's Full Name _____ Age _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Phone Number _____ Cell/work phone: _____
 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 Little Rock Church? Yes _____ No _____ (active membership required in order to apply to fund)
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 Ph: _____ Cell: _____
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) \$ _____



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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 (if owned)	\$ _____
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)

\$ _____



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Cash Flow Statement

Income	<i>Monthly</i>	<i>Annual</i>
Gross Salary/Wage	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other Income (write description): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Income	<u>\$ _____</u>	<u>\$ _____</u>
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)	\$ _____	\$ _____
Donations/Giving	\$ _____	\$ _____
Other Gifts	\$ _____	\$ _____
Other debt payments/expenses not listed above (write description): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Expenses/Payments	<u>\$ _____</u>	<u>\$ _____</u>
Cash Flow (<i>Total Income - Total Expenses/Payments</i>)	<u>\$ _____</u>	<u>\$ _____</u>



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 *Lifesong for Orphans’s* 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. We will formulate a mailing list of supporters and mail Support Kits to each one.
2. 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.
3. 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.
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 Little Rock Church families’ cost of adoption.
5. We understand we may not donate money to LS towards our own adoption expenses and receive a tax deduction.



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- 6. 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 will be used to further the ministry of LS and assist other families with the cost of adoption. Donations cannot be returned to donors.
- 7. We agree to submit proper documentation as requested by LS for payment and/or reimbursements of any kind.

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)
- 3. **Copy of Homestudy** – Please send us a copy of your completed Homestudy
- 4. **Letter from Elder** – A written reference from one of your elders on church letterhead indicating his support of your adoption.
- 5. **Letter from House Church Leader** – A written reference from your house church leader.
- 6. **Letter from Hopes Embrace Ministry Leader** – A written reference from a core group member of Hopes Embrace Ministry (Ron Cook, Casey Picker, Marybeth Picker, Kim Poteat, James Poteat, Cindy Stanford)

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. Timeframe to begin this from receiving application: approximately 6-8 weeks.
- 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. Timeframe to begin this from receiving application: approximately 6-8 weeks

Note: There are a limited number of funds that can be given as Matching Grants or Interest Free Loans. If no money is available we can still serve as a tax-deductible vehicle for your donors, friends, and family (see option 1 above)

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: Little Rock Church - Adoption Fund
PO Box 40
202 N. Ford St.
Gridley, IL 61744

· PO Box 40 · 202 N Ford St · Gridley, IL 61744 ·
· phone 309 747 3556 · www.lifesongfororphans.org ·
· Bringing Joy and Purpose to Orphans





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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 application, including adoption costs	_____
_____	_____	Statement of net worth	_____
_____	_____	Cash flow	_____
_____	_____	Husband Statement of faith	_____
_____	_____	Wife Statement of faith	_____
_____	_____	Husband salvation testimony	_____
_____	_____	Wife salvation testimony	_____
_____	_____	Adoption testimony	_____
_____	_____	Elder referral letter	_____
_____	_____	House Church Leader referral letter	_____
_____	_____	Hopes Embrace Ministry referral letter	_____
_____	_____	Picture of your family & child (if available)	_____
_____	_____	Consent form	_____
_____	_____	Home study	_____
_____	_____	Last year's tax return (1040 Form)	_____
_____	_____	Request type	_____

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