



hands of hope



Adoption Grant & Loan Application  
[For Residents of the State of Indiana]

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_
2. Date of Birth of Wife \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_
3. Names and ages of biological children in family \_\_\_\_\_
4. Have you adopted previously? \_\_\_\_ If yes – names/ages \_\_\_\_\_
5. Have you completed your dossier? \_\_\_\_\_
6. Do you have a specific child identified already for this adoption? \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_ Country: \_\_\_\_\_
7. Do you plan on adopting an older/special needs child? \_\_\_\_\_
8. Church Name and Denomination \_\_\_\_\_ Member? 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 Ph: \_\_\_\_ Cell: \_\_\_\_
12. 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 <sup>st</sup> Trip	
Home Study		Travel 2 <sup>nd</sup> Trip	
In-Country Fees		Visas	
INS Fees		Other	
Notarization/Authentication		Other	
Orphanage Fees		<b>TOTAL ADOPTION COST:</b>	

**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:** \$ \_\_\_\_\_  
**Total Estimated Adoption COST:** \$ \_\_\_\_\_  
  
**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**

The following needs to be the approximate amount of money that you earn and pay out on a monthly or annual basis.

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





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### Consent Form

#### 1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with 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* or *Hands of Hope* 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* or *Hands of Hope* 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* or *Hands of Hope* 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 *Hands of Hope* 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* nor *Hands of Hope* has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Lifesong for Orphans* or *Hands of Hope* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Lifesong for Orphans* and *Hands of Hope* 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* and *Hands of Hope* permission to use their story and/or photographs on *Lifesong for Orphans* or *Hands of Hope* 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 stated deficit may be used to further the ministry of LS and assist with other families' cost of adoption.
5. We understand we may not donate money to LS towards their own adoption expenses and receive a tax deduction.
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.



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### 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 Pastor** – A written reference from your pastor 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. Timeframe to begin this from receiving application: approximately 14 days.
- 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 5 – 6 weeks
- 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. Timeframe to begin this from receiving application: approximately 5 – 6 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 and Hands of Hope 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: **Hands of Hope Adoption Fund**  
PO Box 40  
202 N. Ford St.  
Gridley, IL 61744



*A higher standard.  
A higher purpose.*



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**Application Checklist**

To help us process your application in a timelier 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	_____
_____	_____	Salvation testimony	_____
_____	_____	Pastor referral letter	_____
_____	_____	Picture of your family & child (if available)	_____
_____	_____	Consent form	_____
_____	_____	Homestudy	_____
_____	_____	Last year's tax return	_____

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