ADOPTIVE APPLICANT
STATEMENT OF LIVING CONDITIONS

Husband: _____ _____ _____
Passport # Country

Wife: _____ _____ _____
Passport # Country

Address: _____ _____ _____
Home Phone No.

_____

Do you: Own Rent Years resided there _____
(check one)

Number of total rooms in home: _____

Number of bedrooms: _____

Market Value: _____

Equity: _____

Balance owed: _____

Monthly Payment: _____

Describe room for the child:

_____

_____

Describe any additional features about the home/yard:

_____

_____

_____

_____ _____
HUSBAND WIFE

State of _____)
)SS:
County of _____)

Sworn to and subscribed before me, a Notary Public, on this _____ day of _____, 20 ____.

_____
NOTARY PUBLIC