



Adoption Grant Application

*Please use this checklist as a cover page for your supporting documents.
Applications will not be processed unless application is complete along with ALL supporting documents. You must send complete application with all supporting documents at one time.*

Husband's Full Name: _____ **Wife's Full Name:** _____

Email: _____ **Phone:** _____

Date of Application _____

NOTE: If you are currently with a consulting agency, please wait until you are active with an licensed adoption agency before applying for a grant with HOB.

Please attach all of your supporting documents in the order indicated below:

1. Cover Page (this form)
2. Family Photo
3. Questionnaire pg 1 & 2
4. Statement of Faith
5. Statement of Net Worth
6. Cash Flow Analysis
7. Total Adoption Costs
8. Agency Referral- **a letter from your agency** stating you are active in their program, and the fee schedule required by them for your adoption
9. Pastoral/Pastoral Referral
10. Personal Referral
11. Work Referral for each W2 submitted
12. Copy of Homestudy (copy signed by social worker)
13. Copy of Full Credit Report for both adults (Equifax or similar)
14. Consent Forms
 - Purpose of Application
 - Authorization Release of Information
 - Limit of Liability
 - Permission for using photos/story.
15. Tax Forms: **Please black out your social security number before mailing**
 - W2 Forms for most recent year
 - 1099 Misc. if applicable for the most recent year
 - Federal Tax Returns for the most recent year

Providing Loving Homes, Education, Discipleship, and Economic Opportunities
for over 400 orphans in Haiti, Kenya, Uganda, Ukraine, and Zambia.

heartofthebride.org

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CFC #73832
Combined Federal Campaign
Approved Charity

Questionnaire Page 1

Answer the following questions to the best of your ability. Attach additional pages if necessary.

Husband's Full Name _____ Age _____

Wife's Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell/Work _____

Email Address _____

Date of Marriage _____

Date of Birth Husband _____ Date of Birth Wife _____

Names and ages of children in family _____

Husband's Employer _____ Length of Employment _____

Business Address _____ Business Phone _____

Wife's Employer _____ Length of Employment _____

Business Address _____ Business Phone _____

Church Name _____ Member? _____

May we contact your pastor? _____ Pastor's name _____

Church's phone number _____ Church Address _____

Have you adopted previously? _____ Ages of all child/ren _____

Adoption Agency Name _____ Social Worker _____

Adoption Agency address: _____ and phone _____

May we contact your current adoption agency? _____

Have you completed your dossier? _____ (if international)

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

If Yes, Name _____ Age _____ Country _____

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

Family Blog Info: _____

Facebook; Instagram; Twitter account info _____

How did you hear about Heart of the Bride? _____

Are there any special considerations regarding your request for an adoption grant that you would like to specify?

What type of Grant are you interested in? (circle)

Matching Grant

One Time Grant

Either

Questionnaire Page 2

Please answer the following questions to the best of your ability. Attach additional pages if necessary.

Why did you decide to build your family through adoption? Please include all avenues you have pursued in growing your family (previous adoptions, infertility treatments, foster experiences, etc.). How did the Lord lead and carry you through each part of the journey?

What do you believe to be the most important thing you can impart to your children, and what is your parenting philosophy?

What are you doing to prepare for post-adoption/attachment? What does your agency require? Please list any books, conferences, and trainings you have attended.

Please list your expectations for what it will be like adopting a new child into your family.

Statement of Faith
Please provide a brief personal testimony of faith.

Husbands Statement of Faith:

Wife's Statement of Faith:

Statement of Net Worth

Assets

Cash

| | |
|----------|----------|
| On hand | \$ _____ |
| Checking | \$ _____ |
| Savings | \$ _____ |

Investments

| | |
|------------------------------------|----------|
| Stock | \$ _____ |
| Bonds | \$ _____ |
| Real Estate (other than your home) | \$ _____ |
| Other | \$ _____ |

Retirement Accounts

\$ _____

Personal Property

| | |
|-----------|----------|
| Auto | \$ _____ |
| Auto | \$ _____ |
| Household | \$ _____ |

Real Estate (Home)

\$ _____

Other Assets: _____

\$ _____

Total Assets

\$ _____

Liabilities

| | |
|-------------------------|----------|
| Current Bills | \$ _____ |
| Credit Cards | \$ _____ |
| Auto Loans | \$ _____ |
| Home Mortgage | \$ _____ |
| Other Liabilities/Loans | \$ _____ |
| Medical Bills | \$ _____ |

Total Liabilities

\$ _____

Net Worth (Assets - Liabilities)

\$ _____

Cash Flow

| | <i>Monthly</i> | <i>Annual</i> |
|--|----------------|---------------|
| Gross Income Husband & Wife | \$ _____ | \$ _____ |
| Net Income Husband & Wife | \$ _____ | \$ _____ |

Living Expenses

Housing

| | | |
|--|----------|----------|
| Mortgage/Rent | \$ _____ | \$ _____ |
| Second Mortgage/HELOC | \$ _____ | \$ _____ |
| Property Taxes/Insurance | \$ _____ | \$ _____ |
| Utilities (power, water, alarm, repair, sewage, trash) | \$ _____ | \$ _____ |
| Other (phone, internet, cable) | \$ _____ | \$ _____ |
| Total Housing (a) | \$ _____ | \$ _____ |

| | | |
|--------------------------------------|----------|----------|
| Food (include eating out) (b) | \$ _____ | \$ _____ |
| Clothing (c) | \$ _____ | \$ _____ |

Transportation

| | | |
|---------------------------------|----------|----------|
| Car Payment | \$ _____ | \$ _____ |
| Insurance | \$ _____ | \$ _____ |
| Gas/Maintenance | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ |
| Total Transportation (d) | \$ _____ | \$ _____ |

| | | |
|---------------------------------------|----------|----------|
| Entertainment/Recreation (e) | \$ _____ | \$ _____ |
| Medical Expenses (f) | \$ _____ | \$ _____ |
| Insurance (g) | \$ _____ | \$ _____ |
| Charity Gifts/Church Tithe (h) | \$ _____ | \$ _____ |
| Credit Card (i) | \$ _____ | \$ _____ |
| Student Loans (j) | _____ | _____ |
| Childcare/Daycare fees (k) | _____ | _____ |
| Other (l) _____ | _____ | _____ |
| Other (m) _____ | _____ | _____ |

Total Living Expenses:

| | | |
|---------------------------------|----------|----------|
| [Sum of (a) through (m)] | \$ _____ | \$ _____ |
|---------------------------------|----------|----------|

| | | |
|------------------|----------|----------|
| Cash Flow | \$ _____ | \$ _____ |
|------------------|----------|----------|

(Net Spendable Income - Total Living Expenses)

Total Adoption Costs

Total Adoption Costs

| Adoption Costs | Total | Paid |
|-----------------------------|--------------|----------------------------|
| Agency Fee | \$ _____ | \$ _____ |
| Foreign Program Fees | \$ _____ | \$ _____ |
| Home Study | \$ _____ | \$ _____ |
| In-Country Fees | \$ _____ | \$ _____ |
| INS Fees | \$ _____ | \$ _____ |
| Orphanage Donation | \$ _____ | \$ _____ |
| Notarization/Authentication | \$ _____ | \$ _____ |
| Travel- First Trip | \$ _____ | \$ _____ |
| Travel-Second Trip | \$ _____ | \$ _____ |
| Visas/Passports | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Total Adoption Costs | \$ _____ | Total Paid \$ _____ |

Please provide a line item description of your fundraising efforts, employer benefits and other loan/grants requested. Please include information concerning monetary gifts from your church, family and friends.

**Please list source of funds or other grants applied for.
Put a check mark next to the grants you have received.**

| | |
|--------------------------------|----------|
| Personal funds, savings, etc. | \$ _____ |
| Personal Fundraising | \$ _____ |
| Employer Assistance | \$ _____ |
| Home Equity Line | \$ _____ |
| Other Loans/Grants applied for | \$ _____ |
| Name: _____ | \$ _____ |
| Name: _____ | \$ _____ |
| Name: _____ | \$ _____ |
| Total Estimated Resources: | \$ _____ |

Pastoral/ Pastoral Staff Referral

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life, but we ask you to be as candid as possible. Please put in a sealed signed envelop and return to the applying family. The applying family will then forward your letter to our office.

Name of Reference: _____

Title: _____

Phone: _____

Email: _____

Name of Family: _____

How long have you known this family?

How would you describe this family?

Please describe the family's spiritual life and witness for Christ?

Please describe the family's church involvement.

Do you have any concerns about them as parents?

Please add any additional comments or concerns.

_____ Signature

Personal Referral

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life, but we ask you to be as candid as possible. Please put in a sealed signed envelop and return to the applying family.

Name of Reference: _____

Title: _____

Phone: _____

Email: _____

Date: _____

Name of Family: _____

How long have you known this family?

How would you describe this family?

Please describe the family's spiritual life and witness for Christ?

Please describe the family's church involvement.

Do you have any concerns about them as parents?

Please add any additional comments or concerns.

Signature

Employer Referral

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life, but we ask you to be as candid as possible. Please put in a sealed signed envelop and return to the applying family.

Name of Reference: _____

Title: _____

Phone: _____

Email: _____

Date: _____

Name of Family: _____

How long have you known this person?

How would you describe this person?

Please describe this person's work habits.

Please describe this person's character.

Do you have any concerns about them as parents?

Please add any additional comments or concerns.

Signature

Consent Forms

Purpose

The undersigned agrees that this application is being made for the purpose of obtaining financial grant assistance with international or domestic adoptions from *Heart of the Bride*. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of *Heart of the Bride* that assistance will be granted or given. The undersigned agrees that *Heart of the Bride* is under no obligation to provide any assistance to them.

Authorization and Release

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of *Heart of the Bride* 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 *Heart of the Bride* 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 *Heart of the Bride* or its representative's personal information and opinions regarding the applicant's lifestyle, language, habits truthfulness, parental fitness, and general moral and biblical character. The undersigned further consents to the release of information to the listed Adoption Agency and any employees or agents from this institution.

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

Limit of Liability

The undersigned acknowledges that *Heart of the Bride* is under no obligation to provide any services including but not limited to providing financial adoption grant assistance. The undersigned acknowledges that *Heart of the Brides* is to have the sole discretion to accept or deny this application with or without cause. The undersigned also acknowledges that *Heart of the Bride* has full discretion of their funds and is in no way obligated to distribute funds to the family. The undersigned acknowledges that any and all funds given by donors are under full discretion of *Heart of the Bride* and will have 8% deducted for administrative fees. The undersigned further releases and holds *Heart of the Bride* harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

Photos/Story Permission

The undersigned gives *Heart of the Bride* permission to use and or publish their story and/or photographs on *Heart of the Bride'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 ___

One Time Grant and or Matching Grant Agreement

The undersigned parties acknowledge they are freely agreeing to the following terms and conditions

1. We understand and accept that all funds and/or donations received by *HOB* are under the ultimate control of the *HOB* Board of Directors and or Adoption Council Team that make all final decisions regarding distributing funds of grants and matching grants.
2. We understand, accept and agree to use any and all funds received from *HOB* 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 *HOB* upon request.
3. We understand any funds raised (including matching grant amount, if applicable) beyond our documented adoption costs may be used to further the ministry of *HOB* and assist with other families' cost of adoption.
4. We understand we may not donate money to *HOB* towards our own adoption expenses and receive a tax deduction.
5. We understand that donations from friends and family toward our adoption fund will be subject to a 8% administration fee.

6. We understand that if we decide not to adopt or our adoption is disrupted for any reason we will contact *HOB* immediately. Any funds raised will be used to further the ministry of *HOB* 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 *HOB* for payment and/or reimbursements of any kind.
8. We understand that funds for Matching Grant must be sent to the adoption agency within 30 days of completing fund raising. *HOB* cannot hold funds for your matching grant longer than 30 days.

We are providing this information to Heart of the Bride. All of the information listed is accurate and complete to the best of our knowledge.

Adoptive Father _____ Date _____

Adoptive Mother _____ Date _____