



**Adoption Grant & Loan Application
APPLICATION**

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 _____

ADOPTION INFORMATION

Have you adopted previously? Yes No If yes, names/ages _____

Have you completed your dossier? _____ (if international)

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

If yes, Full Name _____ Age _____ Sex _____ Country _____

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

ADOPTION PLACEMENT AGENCY INFORMATION

Adoption Placement Agency Name _____

Agency Address _____ State _____ Zip Code _____

Agency Phone Number _____

Caseworker's Name _____

Caseworker's Business Phone Number _____

Caseworker's E-mail Address _____

CHURCH INFORMATION

Church Name _____ Denomination _____

Church Address _____ State _____ Zip Code _____

Church Activities _____

May we contact your pastor? Yes No

Pastor's Name _____ Phone Number _____

Is your church interested in learning more about SowingRoots? Yes No

Church Contact Name _____

Contact Email _____ Phone _____

OTHER INFORMATION

Family Blog _____

Specify any special financial considerations or circumstances we should be aware of: _____

ADOPTION COSTS

Applicable Expenses:

Agency Fees	\$ _____
Child's Medical Exam	\$ _____
Foreign Program Fee	\$ _____
Home Study	\$ _____
In-Country Fees	\$ _____
USCIS Fees	\$ _____
Notarization/Authentication	\$ _____
Orphanage Fees	\$ _____
Overseas Fees	\$ _____
Translation Fees	\$ _____
Travel First Trip	\$ _____
Travel Second Trip	\$ _____
Visas	\$ _____
Other	\$ _____
<i>Total Adoption Cost</i>	\$ _____

Available Resources to Cover Adoption Costs:

Personal Funds (savings, etc.) \$ _____

Employer Benefit (if available) \$ _____

Other Grants/Loans Applied For:

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Other Source of funds (please specify) \$ _____

Total Estimated Resources \$ _____

Deficit (Total Resources-Total Cost) \$ _____

STATEMENT OF NET WORTH

Assets:

Cash \$ _____

Checking Accounts \$ _____

Savings Accounts \$ _____

Investment Accounts (none retirement) \$ _____

Life Insurance Cash Surrender Value (not death benefit) \$ _____

Retirement Accounts \$ _____

Value of Autos \$ _____

Value of Home (if owned) \$ _____

Approximate Value of Household Items \$ _____

Other Assets not listed above (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 (description) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____
Total Liabilities \$ _____
Net Worth (Assets –Liabilities) \$ _____

CASH FLOW

Husband’s Earnings (most recent annual total) \$ _____
Wife’s Earnings (most recent annual total) \$ _____
Other Sources of Income (living allowance, food, etc) \$ _____
Total Annual Income for Household \$ _____
Total Philanthropic Giving (please explain) \$ _____

Total Annual Expenses \$ _____
Total Annual Cash Flow (Annual Income-Giving&Expenses) \$ _____

PERSONAL STATEMENTS OF FAITH

Husband:

Wife:

ADOPTION STATEMENT

How has God led you to adopt (adoption testimony)?

REFERENCES

Reference 1 – Pastor/Church Leader

Name _____

Address _____

Phone _____

Email _____

Length of Relationship _____

Reference 2 – Family Member

Name _____

Address _____

Phone _____

Email _____

Length of Relationship _____

Reference 3 – Friend/Work Associate

Name _____

Address _____

Phone _____

Email _____

Length of Relationship _____

CONSENT

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoptions. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of SowingRoots that assistance will be granted or give.

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/loan process for SowingRoots:

1. We understand and accept that all funds and/or donations received by SR are under the ultimate control of the SR Board of Directors that make all final decisions regarding distributing and/or grants and loans of any funds.
2. We understand, accept and agree to use any and all funds received by SR 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 SR 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 SR and assist with other families’ cost of adoption.
4. We understand we may not donate money to SR towards our own adoption expenses and receive a tax deduction.
5. We understand that if we decide not to adopt or our adoption is disrupted for any reason we will contact SR immediately. Any funds raised will be used to further the ministry of SR and assist other families with the cost of adoption. Donations cannot be returned to donors.

We hereby give consent for SowingRoots to contact our adoption agency and any other person or institution named in this application and we authorize such persons and institutions to release information to SowingRoots. We understand and agree that SowingRoots is not obligated to provide any assistance to us. We also understand and agree that all funds received by SowingRoots will be the sole property of SowingRoots and will be distributed at the discretion of the Board of Directors with the donor’s wishes being honored when at all possible.

Husband’s Signature

Date

Wife’s Signature

Date

Attachments:

1. Picture – if you have a picture of the child you desire to adopt and are willing to share with us
2. Tax Return – mail a copy of your most recent Federal Tax Return (1040 Form)
3. Copy of Homestudy

Please mail to: SowingRoots – PO Box 64770, Tacoma, WA 98464