

Adult Foster Home (AFH-DD) Financial Information

SDS 0448A (Rev 8/21)

Part 1: EXPENSES

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	AFH 1 address:	AFH 2 address:
MONTHLY EXPENSES	Monthly Cost	Monthly Cost
Rent/Lease/Mortgage	\$	\$
Property Taxes		
Insurance (property, liability, renters)		
Utilities (water, sewer, electric, gas, heat, garbage)		
Phone/Internet/Cable/Satellite		
Auto Expense (payments, insurance, maintenance)		
Business License/Fees/Association Dues		
Household Maintenance (cleaning, laundry, repairs)		
Adult Foster Home Maintenance		
Groceries		
Office/Business Supplies		
Gross Payroll (including taxes and benefits)		
Entertainment		
Other expense (specify)		
Other expense (specify)		
A. TOTAL MONTHLY EXPENSES	\$	\$
OTHER MONTHLY EXPENSES	Balance due	Monthly cost
Credit Card (specify)	\$	\$
Credit Card (specify)		
Credit Card (specify)		
Past Due Bills (specify)		
Unpaid Taxes/Liens/Judgments/Pending Lawsuits		
Other (specify)		
Bankruptcy Filings Yes No If yes, specify	date(s):	
B. TOTAL OTHER MONTHLY EXPENSES	\$	\$
A. Total Monthly Expenses (AFH 1 & 2)		\$
		Ψ
+ D. Total of Other Monthly Evynances (AEII 1 % 2)		¢
B. Total of Other Monthly Expenses (AFH 1 & 2)		D
= C. TOTAL OF ALL MONTHLY EXPENSES (AFH 1 & 2)		\$

PART 2: RESOURCES - You must have sufficient financial resources to operate your Adult Foster Home(s) for *at least* two months, without relying on resident income. OAR 411-050-0440(2)

CASH RESOURCES	Financial Institution	Balance
Cash on hand		\$
Checking		
Savings		
Line of Credit		
Guaranteed Loan		
Other (specify)		
D. TOTAL CASH RESOURCES		\$

MONTHLY INCOME – Do not include any income you expect to			Balance	
receive from AFH residents.				
Source (specify)			\$	
Source (specify)				
Source (specify)				
Source (specify)				
E. TOTAL MONTHLY INCOME			\$	
C. TOTAL OF ALL MONTHLY EXPENSES	\$	x2	\$	
D. TOTAL CASH RESOURCES			\$	
E. TOTAL MONTHLY INCOME	\$	x2	\$	

 $C \times 2$ must be equal to or less than $D + E \times 2$ to demonstrate that you have at least two months' liquid resources. The Division may require proof of the applicant's ability to pay (e.g., a financial guarantee or guaranteed loan from a lending institution).

I declare under penalties of perjury this information is true, correct and complete to the best of my knowledge. I understand that failure to provide accurate information may result in the denial of my application for an Adult Foster Home license.

Provider Signature:	Date:		
Co-Provider Signature	Date		

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