

# APPLICATION FOR ADOPTION FINANCIAL ASSISTANCE Please complete in full and print legibly or type.

Amount of financial assistance requested \$		
Date		
Adopting father's name	Email address	
Street Address	City	Province
Postal Code		
Home phone ()Cellular phone (	))	
Occupation		
Name of employer		
Business address	City	
Province Postal Code		
Business phone () Business email		
Monthly salary (gross) \$ Employed since_		
Previously employed as		
Name of previous employer		
Dates of previous emp.: from to		
Age Date of birth//		
Citizenship: CANADIAN Other:	In Canada	since
Adopting mother's name	Email address _	
Occupation		
Name of employer		
Business address	City	
ProvincePostal Code		
Business phone () Business email		
Monthly salary (gross)\$ Employed since		
Age Date of birth/		
Citizenship: CANADIAN Other:	Date o	f Marriage:



Name of nearest relative			Relationship	
Relative's address		City		Province
Postal Code Phone ()				
Name         1.           2.         3.	_			
3. 4. 5. 6.				
How did you hear about ABBA Canada?				
Church Information: Church Name			Pastor's Name	
Street Address			City	Province
Postal Code				
Church Phone Number		Church	website	
MemberRegular Attendee				
Does your church presently have an adopt.	ion/orphan c	are min	istry?	
Would you be interested in learning more church?	about start	ing an a	adoption fund	or ministry at your



# Details of Adoption

Name of Adoption Agency		
Address	City	Province
Postal Code		
Name of contact person or social worker		Telephone
One of the main ways that ABBA Canada Foundat website. When people visit our site and read family going through the process, they are mo donors can also make a real connection with t prayer by following their story. If you are a you will be asked to write two pre and two powrite more blog posts and post more pictures, you in prayer. It is also helpful for us if y networks. These posts will be shared publicly can share as much or as little as you are com	about your adopt oved to donate to the families they successful ABBA ast adoption blog so that others you share your por on our website,	ion journey and see pictures of a rea wards another family's adoption. Our have supported and join with them in Canada Foundation grant recipient, posts. You are definitely welcome to can follow your story and join with sts through your own social media social media and newsletter, so you
Do you consent to the above grant recipient of	conditions?	Yes No
Can we add you to our monthly email newslette	er list? Yes	No
Number of children you are adopting	From w	hat country
Have you been matched with a child(ren) by a	licensed adoptio	n agency? Yes No
Ages of the children		
Special Needs of the children (if any)		
Have you completed the process in order to re Yes No	ceive approval f	or travel to pick up the child(ren)?
Expected date of approval		
Expected date of travel to pick up child(ren)		<u> </u>
Would you be able to complete the adoption wi	thout this finan	cial assistance? If yes, how so?



Adoption Costs:		Source of Funds:
Agency Fees		Personal Funds (savings,
		etc.)
Foreign Program Fees		Employer Assistance
Home Study		Home Equity Line
In-Country Fees		Other Loans/Grants Applied
		for:
Immigration Fees		Name:
Orphanage Donation		Name:
Notarization/		Name:
Authentication		
		0.1
Translation Fees		Other:
Travel First Trip		Total Estimated Resources:
ilavei riist ilip	<del></del>	Total Estimated Resources.
Travel Second Trip		
Visas/Passports		
-		
Other:		
Other:		
Total Adoption Costs		



### Statement of Net Worth

Assets			
Cash			
	On hand	\$	_
	Chequing	\$	_
	Savings	\$	_
Investme	ents		
	Stock	\$	-
	Bonds	\$	_
	Real Estate(other than home)	\$	_
	Other	\$	_
D. F.	2	^	_
Ketireme	ent Accounts	\$	_
Persona	l Property		
	Auto	\$	<u></u>
	Auto	\$	<u></u>
	Household	\$	<u></u>
Poal Fed	tate (Home)	\$	
Other As		\$	_
Other A		<u>Y</u>	_
Total As	sets		<u>\$</u>
Liabilit	cies		
~	211	•	
Current		\$	_
Credit (		\$	_
Auto Loa		\$	_
Home Mon	rtgage iabilities	\$ \$	_
Other L.	IdDIIICIES	<del>Ş</del>	_
matal Ti	abilities		(Ċ
TOTAL L1	abilities		<u>\$</u>
Net Wort	th (Assets - Liabilities)		Ś



### Cash Flow

		Monthly	Annually
Gross Income		\$	\$
Less:		Ċ	Ċ
Charitable Giving Taxes		\$	<u> </u>
		\$ \$	\$
Debt Repayment	~~ \	<u> </u>	<u> </u>
(Not Including Home Mortgag	ge)		
Net Spendable Income		\$	\$
(Total Gross Income - G	ivina -	<del></del>	<del>y</del>
Taxes - Debt)	1 1 1119		
Living Expenses			
Housing			
Mortgage/Rent		\$	\$
Property Taxes		\$	\$
Insurance		<u>\$</u> \$	\$
Utilities		\$	\$
Other		\$	\$
Total Housing		^	^
(a)		\$	\$
Food		<u>^</u>	<u>^</u>
(b) Clothing		\$	<u> </u>
(c)		\$	\$
Transportation		Ċ	Ċ
Car Payment		\$	\$
Insurance		\$ \$	\$
Gas/Maintenance			\$
Other Total Transportation		\$	\$
(d)		\$	\$
Entertainment/Recreation			
(e)		\$	\$
Medical Expenses			•
(f)		\$	\$
Insurance	(g)	\$	\$
Gifts	(h)	\$	<u>\$</u>
Miscellaneous	(i)	\$	\$



Total Living Expenses:	
[Sum of (a) through (i)]	\$ \$
Cash Flow	\$ \$
(Net Spendable Income - Total Living Expenses)	



Applicant  $\underline{\text{and}}$  spouse must answer the following questions (attach an additional sheet of paper if necessary):

WIFE	
1. What is your church involvement?	
2. What is your spiritual testimony?	
3. Why are you adopting?	



4. What is your philosophy regarding the spiritual training of your child(ren)?						
5.	What is your philosophy regarding the education of your child(ren)?					
6.	Someday, your child will have questions about his/her life and existence. What will you teach your children about each of the following topics?					
	a. CREATION: How did it all begin? Where did we come from?					



	b. THE FALL: What went wrong? What is the source	e of evil and suffering?
with God?		
How would you describe your "parenting style"?	c. REDEMPTION: What can we do about it? What is with $\ensuremath{God}\xspace^2$	the basis and foundation of your relationship
How would you describe your "parenting style"?		
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How would you describe your "parenting style"?		
	How would you describe your "parenting style"?	



8. What parenting skills training have you received in the past,	and how do you plan to continue to
improve your parenting skills?	
HUSBAND	
9. What is your church involvement?	
10. What is your spiritual testimony?	



1. Why are you adopting?	
	_
	_
	_
	_
	_
.2. What is your philosophy regarding the spiritual training of your child(ren)?	
	_
	_
	_
	_
	_
3. What is your philosophy regarding the education of your child(ren)?	
	_
	_
	_
	_
	_



Sor yor	meday, your ur children	child will have questions about his/her life and existence. What will you teach about each of the following topics?
a.	CREATION:	How did it all begin? Where did we come from?
b.	THE FALL:	What went wrong? What is the source of evil and suffering?
	REDEMPTION th God?	: What can we do about it? What is the basis and foundation of your relationshi



15. How would you desc	 				
6.What parenting ski	ave you recei	ved in the pas	st, and how do	you plan to	o continue t
	eve you recei	ved in the pas	st, and how do	you plan to	o continue t
	ave you recei	ved in the pas	st, and how do	you plan to	continue t
	ave you recei	ved in the pas	st, and how do	you plan to	continue t
l6.What parenting ski	eve you receiv	ved in the pas	st, and how do	you plan to	continue t



we hereby give consent for ABBA Canada to co.	ntact our adoption agency and any other person or
institution named in this application and we $ \\$	authorize such persons and institutions to release
information to ABBA Canada.	
We give ABBA Canada permission to share this	application with partner funding ministries
Yes No	
We also understand and agree that ABBA Canada	a is not obligated to provide any assistance to us.
	Signature of Adopting Father
	Signature of Adopting Mother
Mailing Information	
Please submit your completed application along	ng with a copy of the following documents to:
• • •	
Devi	ABBA Canada
	311, STN Milner, ey, B.C. V2Y 0W9
If you prefer, you can submit the application electronically to: info@abbacanada.com	n online and provide the other documents to us
electionically to. infocabbacanada.com	
Copy of current driver's licenses	
Copy of Home Study	
Copy of most recent Income Tax Return	
	r you and your spouse (if your spouse is employed
outside the home.)	f for and four spouse (II four spouse Is emprojed
•	APPA Canada prior to review of your application
	ABBA Canada prior to review of your application. an employer/co-worker, and friend. Reference forms are
included as the last three pages of the to ABBA Canada by your references.	nis application form and should be completed and mailed



## Employer/Co-worker Reference

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 be as candid as possible. Please send the completed form to:

ABBA Canada Box 311, STN Milner, Langley, B.C. V2Y 0W9

Name of Reference:				
Phone:				
Email:				
Date:				
Can we add you to our monthly email newsletter list? $\_$	Yes	No		
Name of Family:				
How long have you known this person?				
How would you describe this person's work habits?				
How would you describe this person's character?				
Please add any additional comments or concerns.				
		S	ignature	



#### Friend Reference

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 be as candid as possible. Please send the completed form to:

ABBA Canada Box 311, STN Milner, Langley, B.C. V2Y 0W9

Name of Reference:	
Phone:	
Email:	
Date:	
Can we add you to our monthly email newsletter lis-	t? Yes No
Name of Family:	
How long have you known this family?	
How are you acquainted with this family?	
How would you describe this family?	
Do you have any concerns about them as parents?	
Please add any additional comments or concerns.	

Signature



#### Pastoral Reference

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 be as candid as possible. Please send the completed form to:

ABBA Canada Box 311, STN Milner, Langley, B.C. V2Y 0W9

3 1.
Name of Reference:
Phone:
Email:
Date:
Can we add you to our monthly email newsletter list? Yes No
Name of Family:
How long have you known this person?
How would you describe the applicant's work habits?
How would you describe the applicant's character?
Describe the applicant's Church involvement and commitment:
From your observation, describe the applicant's spiritual maturity:
Please add any additional comments or concerns.

Signature