SUBSIDY NEGOTIATION REFERENCE SHEET

You will need the information and documentation listed below to complete the electronic form and document submission. The electronic form must be completed in one sitting, so please use this as a reference to ensure you have all necessary information/documentation to complete it. If documentation is not provided, reported figures are subject to being discounted/adjusted.

DOCUMENTATION REQUIRED

| | Complete statements for all bank accounts in either parent's name for 3 |
|----------------|--|
| | months preceding negotiation request |
| | Most recently filed federal and state income tax return(s) |
| | |
| Monthly amount | Income/Resources: |
| | 3 most recent paystubs/statements for all wage/salary earners contributing |
| | to household income |
| | Social Security Retirement, Survivor, or Disability Benefits letter |
| | Pension/retirement/disability benefits statement |
| | Unemployment benefits statement |
| | Veterans Administration benefits statement |
| | Rental income |
| | Child support |
| | Food stamps |
| | |
| | Household/Family Expenses: |
| | Mortgage/rent |
| | Electricity |
| | Gas |
| | Cable/landline phone/internet |
| | Cell phone(s) |
| | Vehicle payment(s) |
| | Vehicle insurance |
| | Medical insurance (if NOT deducted from pay) |
| | Out-of-pocket medical/dental/optical/prescription (if NOT covered by |
| | HSA/FSA deducted from pay) |
| | Child care (for other child[ren] in home besides adoptee child[ren]) |
| | Private school tuition (for other child[ren] in home besides adoptee |
| | child[ren]) |
| | Credit card debt (include minimum due only) |
| | Loans/other debt payments |
| | Charitable donations/tithing |
| | |
| | Expenses for Pre-Adoptive Child 1: |
| | Out-of-pocket medical/dental/optical/prescription (if not covered by |
| | Medicaid) |

| Child care |
|--|
| Private school tuition |
| |
| Expenses for Pre-Adoptive Child 2: |
| Out-of-pocket medical/dental/optical/prescription (if not covered by |
| Medicaid) |
| Child care |
| Private school tuition |
| |
| Expenses for Pre-Adoptive Child 3: |
| Out-of-pocket medical/dental/optical/prescription (if not covered by |
| Medicaid) |
| Child care |
| Private school tuition |
| |
| Expenses for Pre-Adoptive Child 4: |
| Out-of-pocket medical/dental/optical/prescription (if not covered by |
| Medicaid) |
| Child care |
| Private school tuition |
| |

DOCUMENTATION OPTIONAL

| Monthly amount | Income/Resources: |
|----------------|--|
| | Relative contribution |
| | Adoption subsidy for other child(ren) |
| | Other (specify) |
| | Other (specify) |
| | |
| | Household/Family Expenses: |
| | Homeowners insurance, property taxes (if NOT escrowed) |
| | Home repair, maintenance |
| | Water, sewer |
| | Trash pickup, recycling |
| | Car repair, maintenance |
| | Life insurance (if NOT deducted from pay) |
| | Public school costs |
| | Sports, activities |
| | Pet care |
| | Memberships, subscriptions |
| | Other (specify) |
| | |

| Expenses for Pre-Adoptive Child 1: |
|------------------------------------|
| Sports, activities |
| Public school costs |
| Other (specify) |
| Other (specify) |
| Other (specify) |
| |
| Expenses for Pre-Adoptive Child 2: |
| Sports, activities |
| Public school costs |
| Other (specify) |
| Other (specify) |
| Other (specify) |
| |
| Expenses for Pre-Adoptive Child 3: |
| Sports, activities |
| Public school costs |
| Other (specify) |
| Other (specify) |
| Other (specify) |
| |
| Expenses for Pre-Adoptive Child 4: |
| Sports, activities |
| Public school costs |
| Other (specify) |
| Other (specify) |
| Other (specify) |

NO DOCUMENTATION NEEDED

| Monthly amount | Household/Family Expenses: |
|----------------|--|
| _ | Gasoline |
| | Groceries, toiletries, cleaning supplies |
| | Clothing |
| | Meals out, entertainment |
| | Vacation |
| | Hair care |
| | Birthday, holiday gifts/celebrations |
| | |
| | Expenses for Pre-Adoptive Child 1: |
| | Groceries, toiletries |
| | Clothing |
| | Meals out, entertainment |
| | Vacation |
| | Hair care |
| | Birthday, holiday gifts/celebrations |
| | |
| | Expenses for Pre-Adoptive Child 2: |
| | Groceries, toiletries |
| | Clothing |
| | Meals out, entertainment |
| | Vacation |
| | Hair care |
| | Birthday, holiday gifts/celebrations |
| | |
| | Expenses for Pre-Adoptive Child 3: |
| | Groceries, toiletries |
| | Clothing |
| | Meals out, entertainment |
| | Vacation |
| | Hair care |
| | Birthday, holiday gifts/celebrations |
| | |
| | Expenses for Pre-Adoptive Child 4: |
| | Groceries, toiletries |
| | Clothing |
| | Meals out, entertainment |
| | Vacation |
| | Hair care |
| | Birthday, holiday gifts/celebrations |
| | |
| | |