

Sarah Lily Fund for Adoption Application

(All information will be treated confidentially.)

Last Name _____ First Name _____ Date of Birth ___/___/___

Last Name _____ First Name _____ Date of Birth ___/___/___

Address _____ City _____ State _____ Zip Code _____

Profession(s) _____

Phone: Home: _____ Business _____ Cell _____ E-mail _____

Marital Status _____ Do you have other children? Yes ___ No ___

Please check if you will be adopting: domestically ___ from a foreign country ___

Please list the name of the agency, lawyer or organization and contact person you are working with on the adoption (as well as the phone number) _____

Briefly describe the stage your adoption process is in.

Within how many months do you anticipate adopting a child _____

What was your family's earned income in the last calendar year? \$ _____ Investment income \$ _____

What was the value of your savings and investments in the last calendar year? _____

Do you anticipate significant financial changes this year? Yes ___ No ___. If yes, please estimate the amount of change and explain

How much money did you spend on trying to start a family in the past two years? \$ _____

Please indicate the amount of any outstanding debts and note the type (e.g., mortgage, student loan, credit cards):

Please list your annual expenses for: Housing \$ _____; Utilities \$ _____; Insurance \$ _____; Medical \$ _____;

Tuition \$ _____; Loan payments \$ _____; Car leases/loans \$ _____

Other (please specify) _____

How did you hear about the Adoption Fund? _____

Signature _____ Date _____

Signature _____ Date _____

Please return this form, a copy of your home study (including tax returns), proof of your certification to adopt/agency statement of ability to adopt internationally and a statement (up to one page long) about why you should receive a Sarah Lily Fund grant by November 15th or May 15th to:

Matt Abrams Gerber, Chief Operating Officer, Riverdale YM-YWHA; 5625 Arlington Avenue; Bronx, NY 10471