



Date of Application \_\_\_\_\_

# APPLICATION FOR RE-APPROVAL

GENERAL INFORMATION			
Parent 1		Parent 2	
Name		Name	
First date of approval with Klingberg From _____ To _____	Re-approval dates From _____ To _____	Re-approval dates From _____ To _____	
Current Address			
City/Town	State	Zip	Home phone
Work Phone	Cell Phone	Work Phone	Cell Phone
Email		Email	
Social Security	Date of Birth	Social Security	Date of Birth
Current Place of Employment/Name and Address		Current place of Employment/Name and Address	
Salary	Position	Salary	Position
Degrees Completed Since Last Application		Degrees Completed Since Last Application	
Religion	Race	Religion	Race
Has your marital status changed? _____ When? _____ How? _____			
Drivers License Number		Drivers License Number	
OTHERS CURRENTLY LIVING IN HOME (INCLUDING CHILDREN IN COLLEGE, MILITARY, OR OTHER TEMPORARY LIVING ARRANGEMENTS)			
NAME		RELATIONSHIP	DATE OF BIRTH

**BIOLOGICAL/ADOPTED CHILDREN NOT LIVING IN HOME**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>DOB</b>	<b>CURRENT PLACE OF RESIDENCE</b>

**PETS IN THE HOME**

<b>NAME</b>	<b>TYPE OF PET</b>	<b>DATE PET CAME INTO THE HOME OR HOW LONG THE PET HAS BEEN IN THE HOME</b>	<b>UPDATED IMMUNIZATIONS ATTACHED?</b>

1. Have you changed addresses in the last two years? \_\_\_\_\_ If yes, when? \_\_\_\_\_
2. Have you made any renovations to your home in the past two years? Please describe
3. Are there changes in the people who have been living in your home (other than foster children) since your last update? Please explain.
4. Do you now use a wood stove as a source of heat? If yes, please attach a current inspection
5. Do you now have well water? If yes, please attach a current inspection.
6. Do you have any weapons or firearms in your possession at this time? Is this a change that occurred in the last two years? If yes, please specify.
7. Are there any other changes since your last approval?

# UPDATED FINANCIAL STATEMENT

## HOUSEHOLD INCOME

	Monthly	Annual		Monthly	Annual
	PARENT 1			PARENT 2	
*Primary Salary/Name of Employer					
*Secondary Salary/Name of Employer					
*Third Salary/Name of Employer					
Child Support					
Alimony					
Unemployment Benefits - please specify					
Disability - please specify					
Dividends / Interest					
Real Estate Income					
Other Source(s) of Income – please specify					
<b>Totals</b>					
		\$			\$
<b>Total Household Annual Income</b>				<b>\$</b>	

## OTHER ASSETS

	Approximate Balance	In Whose Name?
Checking (Individual & Joint)		
Savings		
Other - please specify		

\*PLEASE COMPLETE FOR EACH EMPLOYER LISTED ABOVE

NAME OF PARENT	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE OF HIRE	TITLE	ANY ISSUES PENDING FURTHER EMPLOYMENT?	HOURS OF WORK
					Y N	
					Y N	
					Y N	
					Y N	

**HOUSEHOLD EXPENSES**

<b>Expense</b>	<b>Legally Responsible Party</b>	<b>Monthly Amount</b>	<b>Annual Amount</b>
Mortgage			
Rent			
Heat			
Electricity			
Groceries			
Entertainment			
Interest on Credit cards (monthly average)			
Car Payments			
Loan Payments			
Cable, Phone, etc.			
Alimony			
Child Support			
Insurance Premiums			
Support of Family Members not living in the home			
Other – please specify			

	<b>Parent 1 Provider</b>	<b>Parent 1 Amount</b>		<b>Parent 2 Provider</b>	<b>Parent 2 Amount</b>
Life Insurance					
Car Insurance					
Other					

1. Have you filed bankruptcy within the past 2 years?  Yes  No If yes, please provide dates and explanation

2. Are you currently involved in a lawsuit?  Yes  No If yes, please provide dates and explanation

We agree that this information is true and accurate. Klingberg Family Centers has permission to check all information related to this application.

Parent 1 \_\_\_\_\_  
Signature Date

Parent 2 \_\_\_\_\_  
Signature Date