

APPENDICE F

CatholicCare

**FAC OOHC PROGRAMS FORM:
PROSPECTIVE FOSTER CARER FINANCIAL STATEMENT**

Form number: OOHC 22/3
Issued: January 2015
Contact: Team Leader
Ph. (02) 8700-3333

NAME:		
INCOME (NET) Per fortnight	AMOUNT	SOURCE
TOTAL		
EXPENDITURE Per fortnight	AMOUNT	SOURCE
Mortgage - Home - Other Property Other Loans Other major expenses e.g. school fees shopping living rent, etc		
TOTAL		



ASSETS		
Item	Valued at	Description/whose?
LIABILITIES/DEBTS		
ITEM	AMOUNT	DESCRIPTION/LOAN PERIOD
Mortgage	- Home - Other Property	
Other Loans		
Other major expenses e.g. school fees shopping living rent, etc		
TOTAL		

I/we confirm that this is a true record of my/our financial situation.

Signature: _____

Date: _____

