



To Provide Sustainable Care for Orphans
pathwaysforlittlefeet.org

FAMILY FUND INTEREST-FREE LOAN APPLICATION

Pathways for Little Feet is a Christ-Centered 501(c)(3) Organization

Adopting Father's Full Name _____

Adopting Mother's Full Name _____

Home Address (Mailing Address) _____ City _____ State _____ Zip _____

Adopting Father's Phone _____ Email _____ Age _____ Date of Birth _____

Driver's License No. _____

Adopting Mother's Phone _____ Email _____ Age _____ Date of Birth _____

Driver's License No. _____

Primary Contact: Father Mother

Single Parent: Yes No

Adopting Father's Occupation _____ Employer _____

Employer Address _____ City _____ State _____ Zip _____

Length of Employment _____ Monthly Net Salary \$ _____

Previous Employer _____ Dates of Previous Employment _____ to _____

Adopting Mother's Occupation _____ Employer _____

Employer Address _____ City _____ State _____ Zip _____

Length of Employment _____ Monthly Net Salary \$ _____

Previous Employer _____ Dates of Previous Employment _____ to _____

Years You Have Been Married _____

Name and Age of Children

Have you adopted before? Yes No * If yes, please provide details _____

Adoption Journey & Faith Statement

Adoption Agency _____

Adoption Consultant _____

Address _____ City _____ State _____ Zip _____

Name of contact or social worker _____ Phone _____

Type of Adoption: Intercountry Domestic

How many children are you adopting? _____ Sibling Set? Yes No

Name(s) _____ Age(s) _____ Gender(s) _____

Country/Location _____

Have you completed process to receive travel approval to pick up the child? Yes No *If yes, Travel Date _____

Have you already been matched? Yes No *If yes, Birthmother's Due Date or Placement Date _____

Are you planning to adopt a child with special needs? Yes No

Any other important details about your adoption? _____

We'd like to get to know your faith background and how the Lord has brought you to adoption!

Attach separate sheet(s) if you need additional room

Church Name _____ Location _____ Denomination _____

Does your church have an adoption ministry? Yes No *If so, please provide contact details _____

Please submit a letter of recommendation from a Pastor at your church

Adopting Father Testimony:

Adopting Mother Testimony:

Statement of Faith:

- WE BELIEVE the Bible to be the inspired, the only infallible, authoritative Word of God.
- WE BELIEVE that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- WE BELIEVE in the deity and humanity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His present rule as Head of the Church and in His personal return in power and glory.
- WE BELIEVE that, for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation.
- WE BELIEVE in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
- WE BELIEVE in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- WE BELIEVE in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender, and class differences.
- WE BELIEVE that marriage is a sacred covenant before God and man between one man and one woman instituted by God from the beginning of Creation.

As a family, we share this statement of faith

What role does the Word of God have in your daily life?

How has your Christian faith impacted your decision to adopt?

What are your family's Christian core values?

Adoption Financials

Amount of financial assistance requested, up to \$10,000.00 (interest-free loan) \$ _____

Would you be able to complete your adoption without assistance from *Pathways for Little Feet*? Yes No

If approved, what amount could you agree to repay each month until full reimbursement is made? \$ _____ per month*

(*This is not binding. After review, we may request your consideration of a different monthly payment amount.)

Adoption Costs

Agency Fees	\$ _____
Foreign Program Fees	\$ _____
Home Study	\$ _____
In-Country Fees	\$ _____
INS Fees	\$ _____
Orphanage Donation	\$ _____
Notarization/Authentication	\$ _____
Translation Fees	\$ _____
Travel First Trip	\$ _____
Travel Second Trip	\$ _____
Visa	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Anticipated Adoption Costs	\$ _____

Source of Funds

Personal Funds (savings, etc.)	\$ _____
Employer Assistance	\$ _____
Fundraising	\$ _____
Grant/Loan: _____	\$ _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded
Grant/Loan: _____	\$ _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded
Grant/Loan: _____	\$ _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded
Grant/Loan: _____	\$ _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded
Grant/Loan: _____	\$ _____ <input type="checkbox"/> Applied <input type="checkbox"/> Awarded
Other: _____	\$ _____
Total Estimated Resources	\$ _____

Statement of Net Worth

Assets

Cash	\$ _____
Checking	\$ _____
Savings	\$ _____
Investments:	
Stocks	\$ _____
Bonds	\$ _____
Real Estate (other than your home)	\$ _____
Retirement Accounts	\$ _____
Value of Home (if owned)	\$ _____
Value of Autos	\$ _____
Household	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

Total Assets \$ _____

Liabilities

Outstanding Credit Card Balances	\$ _____
Student Loans	\$ _____
Home Mortgage Balance	\$ _____
Auto Loan Balance	\$ _____
Any Other Bills/Amounts Owed:	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Liabilities \$ _____

Total Net Worth (*Assets – Liabilities*) \$ _____

Cash Flow

Income *(Please note net income is after taxes, 401K, healthcare and other withholdings)*

Monthly

Net Salary/Wage	\$ _____
Other Income: _____	\$ _____
Other Income: _____	\$ _____
Total Net Income	\$ _____

Expenses & Payments

Church/Charitable Giving (Tithe)	\$ _____
Debt Repayment (not including mortgage)	\$ _____
Housing:	
Mortgage/Rent	\$ _____
Property Taxes	\$ _____
Home/Rental Insurance	\$ _____
Utilities	\$ _____
Other: _____	\$ _____
Phone/Internet	\$ _____
Groceries/Food	\$ _____
Transportation:	
Car Payment	\$ _____
Car Insurance	\$ _____
Gas/Maintenance	\$ _____
Other: _____	\$ _____
Entertainment/Recreation	\$ _____
Medical Expenses	\$ _____
Child Care	\$ _____
Misc./Other: _____	\$ _____
Total Expenses	\$ _____
Cash Flow <i>(Income – Expenses)</i>	\$ _____

Consent Form

By signing this form and submitting this application:

Please read closely and respond accordingly

- 1) We hereby give consent for *Pathways for Little Feet* to contact our adoption agency and any other person or institution named in this application and we authorize such persons and institutions to release information to *Pathways for Little Feet*. It is our understanding that information obtained will be used, in part, to determine our eligibility for a loan. We also understand and agree that *Pathways for Little Feet* is not obligated to provide financial assistance based on the willingness to accept an application.
- 2) We understand, if approved for an interest-free loan, that our agreement would be in the form of a covenant with *Pathways for Little Feet*. This covenant agreement includes the approval of an auto-draft authorization for monthly repayments of the loan, beginning two months after the funds are released to the adoptive parents.
- 3) If approved for an interest-free loan, we agree to share our adoption story, be interviewed by *Pathways for Little Feet*, and/or provide pictures and updates with the purpose of advocating for adoption and helping more families adopt.
 Yes No *If no, please explain _____
- 4) Once the adoption is complete, we give *Pathways for Little Feet* permission to use our story and/or photographs in their communications and/or marketing material, with the purpose of advocating for adoption and helping more families adopt. We understand that *Pathways for Little Feet* will protect our family and child's identify by utilizing a false name or letter to represent our story.

Signature of Adopting Father _____ Print _____ Date _____

Signature of Adopting Mother _____ Print _____ Date _____

References & Application Checklist

References:

(If you have written references *already*, please feel free to include those)

1. Name _____ Phone _____

Email _____ Relation _____

2. Name _____ Phone _____

Email _____ Relation _____

3. Name _____ Phone _____

Email _____ Relation _____

How did you hear about *Pathways for Little Feet*? _____

Submitting Application & Checklist:

Once you have completed your application and checked all the boxes below, you may email attachment or dropbox/encrypted link to:
Madison Ziegenbein at madison@pathwaysforlittlefeet.org

Please submit the following information for both parents as applicable:

- Completed Application
- Full Approved Original Home Study & Any Updates
- Current Credit Score Report for Both Parents
- Most Current Year's Tax Information
- Last Month's Bank Statement (Checking & Savings)
- Copy of Both Parents Valid Driver's License
- Copy of Last Two Pay Stubs per Individual
- Letter of Recommendation from a Pastor at Your Church