



## **Helping build families through the gift of adoption**

We understand the complexity and stress that is involved in the adoption process. It requires tremendous time, effort and energy. Our goal is to help make the financial requirements more manageable. Our philosophy is simple - there are homes that needs babies and there are babies who need homes. We want to help make adoption happen for more families. The theory behind Griffin's Gift is that it becomes a perpetual fund where zero percent loans are given and with each repayment, a new family is awarded the loan; one family helps to create the next.

Below is a checklist to help in the collection and completion of the necessary paperwork. We ask that applicants keep copies of all documents provided to Griffin's Gift. Please understand that incomplete applications will not be reviewed. If applicants have questions about the process or would like to check on the status of an application, send an email to [griffinsgift@gmail.com](mailto:griffinsgift@gmail.com). Please use the applicant's last name in the subject line of the email. The board will post schedules and timetables for reviewing applications on our website, please visit [www.griffinsgift.org](http://www.griffinsgift.org). All completed applications are to be mailed to:

Griffin's Gift  
Attn: Application Committee  
P.O. Box 361  
Danvers, MA 01923

### **Application Checklist**

#### **Forms to be downloaded & completed**

- Family Information Form (F1)
- Financial Statement (F2)
- Monthly Budget (F3)
- Adoption Expense Form (F4)
- Consent Form (F5)

#### **Forms provided by applicant**

- Cover Letter
- Home Study
- Previous two years' of tax returns
- Employer Income Verification letter(s)
- Picture of applicant/family
- Letter of recommendation from agency
- Copy of driver's license(s)
- Family video (optional)

Please email 3 weeks after you submit your application to ensure that your file is complete.

We are committed to processing all applications in a timely manner. However, due to the volume of applications we receive, we are unable to follow-up with families regarding incomplete applications.

If your status changes and you wish to withdraw your application, or your anticipated travel changes, please contact Griffin's Gift. Thank you for your effort in applying to Griffin's Gift.



**Loan Application - Family Information Form (F1)**

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Applicant Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**Current Family Profile**

Number of Children: Biological \_\_\_\_\_ Adopted \_\_\_\_\_ Foster \_\_\_\_\_

Number of Children living in your home: \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

\_\_\_\_\_

Please list any other people residing in your household: \_\_\_\_\_

\_\_\_\_\_



### Adoption Agency Information

Name of Adoption Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Home Study Agency Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

### Adoption Process Information

Are you currently a "waiting" family? \_\_\_\_\_

If yes, how long have you been waiting? \_\_\_\_\_

If no, where are you in your adoption process? \_\_\_\_\_

Number of trips required (if known): \_\_\_\_\_

Number of people traveling: \_\_\_\_\_

### Cover Letter Requirements

When compiling your application documents, please include a cover letter from your family. In your cover letter our foundation would like to hear your responses to the following questions. If you would like to include an **optional** family video for us to get to know your family be sure to check the box below. Videos can be shared via email, or you can mail a zip drive with your documents. Videos can be emailed to [griffinsgift@gmail.com](mailto:griffinsgift@gmail.com).

Questions to Address:

1. How did you hear about Griffin's Gift?
2. What is your motivation for wanting to adopt a child?
3. Why should your family be chosen?



**Loan Application - Financial Statement (F2)**  
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Applicant 1 Name: \_\_\_\_\_

Applicant 1 Occupation: \_\_\_\_\_

Applicant 1 Employer: \_\_\_\_\_

Applicant 1 Yearly Income: \_\_\_\_\_

Applicant 1 Other Income (Social security, disability, etc.): \_\_\_\_\_

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Applicant 2 Name: \_\_\_\_\_

Applicant 2 Occupation: \_\_\_\_\_

Applicant 2 Employer: \_\_\_\_\_

Applicant 2 Yearly Income: \_\_\_\_\_

Applicant 2 Other Income (Social security, disability, etc.): \_\_\_\_\_

**Joint Assets and Liability Information**

**Assets:**

Home (estimated market value): \_\_\_\_\_

Other property (estimated market value): \_\_\_\_\_

Saving account balance: \_\_\_\_\_

Checking account balance: \_\_\_\_\_



**Assets (continued):**

Stocks: \_\_\_\_\_

Bonds: \_\_\_\_\_

401K/Retirement Accounts:  
\_\_\_\_\_

Other assets (please describe): \_\_\_\_\_

**TOTAL      Assets**  
\_\_\_\_\_

**Liabilities**

Mortgage: \_\_\_\_\_

Mortgage on other properties: \_\_\_\_\_

Home Equity Loan: \_\_\_\_\_

Credit Card Balances: \_\_\_\_\_

Other Loans (please describe - medical,  
Educational, etc.) \_\_\_\_\_

**TOTAL      Liabilities**  
\_\_\_\_\_

Can you borrow from your retirement for this adoption?      YES      NO

Can you borrow against your home for this adoption?      YES      NO



Do either applicant have any past credit issues, such as bankruptcy or delinquent accounts? If yes, please explain:

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**Loan Application - Monthly Budget (F3)**  
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Applicant(s) Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Net Monthly Income: (income after taxes)**

Please be sure to include additional proof of income in addition to pay stubs if applicable.

Applicant 1: \_\_\_\_\_

Applicant 2: \_\_\_\_\_

Alimony/Child Support: \_\_\_\_\_

Bonuses: \_\_\_\_\_

Other (Social Security, disability, military, etc) \_\_\_\_\_

**1. Total Monthly Income:** \_\_\_\_\_

**Monthly Household Expenses:**

Mortgage/Rent: \_\_\_\_\_

Home Equity Loan (if applicable): \_\_\_\_\_

Utilities: \_\_\_\_\_

Insurance (home, life, medical, etc.): \_\_\_\_\_

Groceries/Personal Care Items: \_\_\_\_\_

Medical/Prescription Expenses: \_\_\_\_\_

Clothing: \_\_\_\_\_

Home Repair/Maintenance: \_\_\_\_\_

Parent/Child Educational Expenses: \_\_\_\_\_

Car Expenses (payments & insurance): \_\_\_\_\_

Alimony/Child Support: \_\_\_\_\_

Retirement Contributions: \_\_\_\_\_

Other: \_\_\_\_\_

**2. Total Monthly Expenses:** \_\_\_\_\_



**Bank, Credit Card, and Education Loans:**

<b>Account Name</b>	<b>Current Balance</b>	<b>Monthly Payment</b>

**3. Total Bank, Credit Card, and Education Monthly Expense:**

\_\_\_\_\_

4. Monthly Income (enter amount from line 1)

\_\_\_\_\_

5. Grand Total of Monthly Expenses (add totals from lines 2 and 3)

\_\_\_\_\_

6. Monthly money balance (subtract line 5 from line 4)

\_\_\_\_\_





## Loan Application - Adoption Expenses (F4)

### *Helping build families through the gift of adoption*

We understand that these amounts listed may need to be approximations. Please fill in the information to the best of your current knowledge.

Expense	Total Cost	Amount Paid
Agency Fees		
Secondary Agency Fees		
Home Study		
Anticipated Travel Expenses		
<b>Totals:</b>		

Please inform our foundation of any other support you have received.

Funding Source	Amount	Loan or Grant	Pending (Yes/No)	Approved (Yes/No)	Funds Received (Yes/No)

Will you receive any employer reimbursement before or after the adoption is complete?

YES \_\_\_\_\_ NO \_\_\_\_\_ Before \_\_\_\_\_ After \_\_\_\_\_ Reimbursement Amount: \_\_\_\_\_

What amount of money do you have saved for this adoption? \_\_\_\_\_

How much do you wish to borrow from Griffin's Gift (\$40,000 max loan)? Please note, money is to be used for placement costs, birth mother's postpartum costs, travel expenses, etc. Money will



not be distributed to families for expenses accrued prior to the birth mother's termination of rights. \_\_\_\_\_

How do you plan to complete the adoption if you do not receive a loan from Griffin's Gift?

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If awarded a loan in the amount you are requesting, what is your ideal repayment schedule (Please include monthly payment amount and number of months needed for repayment)?

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**Loan Application - Consent Form (F5)**

***Helping build families through the gift of adoption***

I \_\_\_\_\_(adoptive parent Number 1) and I \_\_\_\_\_  
(adoptive parent number 2),

1. Give Griffin’s Gift permission to contact the adoption agency and social worker who are assisting us in our adoption process. It is our understanding that information obtained via telephone or in writing will be used to determine loan qualification.
2. Give Griffin’s Gift permission to obtain a recent credit report for the purpose of loan determination and subsequent credit reports during the term of any outstanding loan for compliance with borrower’s representations and covenants.
3. Understand that any false or misleading answers on the application or subsequent documents will be grounds for loan denial or revocation of previously approved loans.
4. For the benefit of Griffin’s Gift donors and Board of Directors, if given a loan, we agree to provide an adoption summary and photographs to be used by the foundation, once the adoption has been finalized.

\_\_\_\_\_Yes \_\_\_\_\_No

5. Once the adoption process is complete, we give Griffin’s Gift the right to use our first name, quotes, and/or photos and images of our family on their website, and/or printed material, with the purpose of helping other families who are adopting.

\_\_\_\_\_Yes \_\_\_\_\_No

We understand that the answers given for questions 4 and 5 above will have no effect on loan determination.

\_\_\_\_\_  
Adoptive parent number one’s signature

Date\_\_\_\_\_

\_\_\_\_\_  
Adoptive parent number two’s signature

Date\_\_\_\_\_

\_\_\_\_\_  
Notary’s signature

Date\_\_\_\_\_