

# **Covenant Loan Application**

What a blessing it is to have you consider partnering with ABBA Fund as part of your adoption journey. ABBA Fund was founded by Christian adoptive families who were clearly responding to God's call on their lives to care for orphans through adoption but needed help to get through the cash crunch that typically happens near the end of an adoption when a family brings their child home.

As you review and complete your application, please keep these two foundational values in mind:

### YOUR COVENANT IS WITH GOD:

We use a "covenant" loan agreement purposefully – versus a more tradition legal agreement – because ABBA Fund is stewarding God's resources, not ours. These loan resources were given for Kingdom purposes by other adoptive families and individuals with hearts for adoption. If you receive financial assistance from ABBA Fund, your agreement will be a covenant with God ... and your loan repayments are in obedience to Him and His work and provision in your life. ABBA Fund is just the steward, the manager in the spirit of God's Old Testament models of interest-free lending to brothers in need (Exodus 22:25; Leviticus 25:35-37; Deuteronomy 23:20). To that end, we do not recognize bankruptcy and other legal avenues of debt avoidance and restructuring. If you sign your Covenant Loan Agreement as a brother and sister in Christ, you are committing to obediently honor your covenant with God and repay His loan. If you are uncomfortable with covenanting with God for this assistance, we respectfully ask you not to apply.

#### THE HEART OF ABBA FUND:

Our heart is to help orphans be placed into loving, nurturing Christian family environments where the child will not only experience the love of Jesus Christ but be introduced to the person of Jesus Christ – and prayerfully one day trust in Jesus so that he or she will be adopted into ABBA, Father's family through salvation (Rom 8:14-16; Gal 4:4-6; Eph 1:4-6). Thus, the name of our ministry – ABBA Fund. As we review your application, we are looking for evidence of that same heart. Please answer your questions in that spirit.

We will prayerfully consider all applications. Application review and approval takes 6-8 weeks, and then you will be contacted via email by our Family Relations Team. Please complete the application as thoroughly as possible. You may submit the application:

- Via email to application@abbafund.org
- Via the USPS to ABBA Fund, PO Box 868049, Plano, TX 75086
- Via fax at 877-899-5067

Each application is structured to be prayerfully assessed in the following areas:

- Heart for Adoption
- Spiritual Wellness of Family
- Educational and Parenting Value
- Financial Stewardship

# **APPLICATION**

Please complete every question in the application in this Word format. PLEASE DO NOT STAPLE.

	(NOTE: Because of the volume of applications we receive, incomplete applications will not be reviewed and will be set aside until all elements have been received and all questions are answered.)			
As	part of your completed application, the following documents are also required:			
	Copy of your current driver's license for you and your spouse			
	Copy of completed Home Study			
	Copy of most recent Federal Tax Return (first two pages only)			
	Copy of most recent pay check stub for you and your spouse (if your spouse is employed outside of the home)			
	A complete Credit Report Card from Creditkarma.com (a free service that does not impact your credit score), or from a similar service which includes a recent credit score and verification of total reportable debt, attached to the application			
	Three references must be received by ABBA Fund <i>prior</i> to review of your application. References should include: your Pastor, an employer/co-worker and friend. (Reference pages are included as pages 14 - 17 of this application form. These should be completed and mailed to ABBA Fund <u>by</u> your references.)			
How did	d you hear about us?  Friend Web Site Google Conference or Meeting Other			

I. SUMMARY								
FAMILY INFORMATION								
Adoptive Father			Add	ptive Mother				
Last Name First	Middle	(Optional)	Last	Name		First		Middle (Optional)
Address						Apartment/Unit #		
City		State				ZIP		
Date of Marriage			Hon	ne email				
Father Phone		Father email Add	Iress					
Mother		Mother	l					
Phone Home		email Add Other Cor						
Phone		Phone						
FATHER'S INFORMATION								
Company				Phone (	)			
Address				Occupation				
Employed Since		Gross Salar	ry	\$	N	let Salary	\$	
Country of Citizenship								
MOTHER'S INFORMATION								
Company				Phone (	)			
Address			Occupation					
Employed Since		Gross Salar	ry	\$	ı	let Salary	\$	
Country of Citizenship								
CURRENT DEPENDENTS (IF MORE)	ROOM NEEDL	ED, MAKE I	NOTE	HERE AND LIS	TAT	END OF APP	PLICAT	TON)
Name		A	ge			Re	latior	ship
CHURCH INFORMATION								
Church Name				Pastor's Name				
Member Since				Phone (	)			
Address								
Does your church have an adoption assistance program with ABBA Fund?	YES 🗆 N	10 <b></b>		Name of Fund				

II. HEART OF ADOPTION					
ADOPTION SUMMARY					
Agency Name		Contact Person			
Contact email		Phone (	)		
Address					
Number of children you are adopting?					
Country		Ages of children			
Special needs?		Sibling yES  group?	NO 🗆		
Have you been matched with a child(ren) by a licensed adoption agency?	YES NO	When?			
Have you been approved to travel to pick up the child(ren)?	YES □ NO □	Travel date?			
What is the amount of financial assistance tha	t you are requesting?				
For good stewardship of our resources and to continue helping as many families as possible, ABBA Fund would like loans paid back within a 3 year (36 month) period – so monthly repayments should be estimated using that benchmark.  (NOTE: Even if you plan to use the Adoption Tax Credit, ABBA Fund requires some level of monthly payment until your tax reimbursement would be received.)					
If you are given an interest-free loan, would you be able to make monthly payments based on a 36-month term?					
If not, how much could you family commit to a monthly payment?					
Would you be able to complete the adoption without financial assistance? If yes, how?					
,,		, ., -			

ADOPTION COSTS	
Agency Fees	Notary / Authentication
Foreign Program Fees	Translation Fees
Home Study	Travel First Trip
In-Country Fees	Travel Second Trip
INS Fees	Visas / Passports
Orphanage Donation	Other
Total Adoption Costs	
SOURCE OF FUNDS	
Personal Funds	Other Loan/Grants
Employer Assistance	Name & Amount
Home Equity Line	Name & Amount
Other	Name & Amount
Total Estimated Resources Available for Your Adoption	

#### **ADOPTION TESTIMONY**

Please be as detailed and thorough as possible when completing the application. Type your answers directly under the questions below. (If using a hard-copy application, it may be best to type out your answers and attach behind this page. Please handwrite only if you have no other means to type your answers.) Include scripture where appropriate to support your statements. Both husband and wife must complete each item.

# **HUSBAND**

Explain why you are adopting and how God has spoken to your heart about adoption.

WIFE
Explain why you are adopting and how God has spoken to your heart about adoption

#### **III. SPIRITUAL WELLNESS OF FAMILY**

Please be as detailed and thorough as possible when completing the application. Type your answers directly under the questions below. (If using a hard-copy application, it may be best to type out your answers and attach behind this page. Please handwrite only if you have no other means to type your answers.) Include scripture where appropriate to support your statements. Both husband and wife must complete each item.

		N	

1. Please share your understanding of the gospel and your salvation experience.

2. Please share your church involvement including any volunteer positions and/or group participation.

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/IFE	
1.	Please share your understanding of the gospel and your salvation experience.
2.	Please share your church involvement including any volunteer positions and/or group participation.

#### IV. PARENTING AND EDUCATIONAL VALUES

Please be as detailed and thorough as possible when completing the application. Type your answers directly under the questions below. (If using a hard-copy application, it may be best to type out your answers and attach behind this page. Please handwrite only if you have no other means to type your answers.) Include scripture where appropriate to support your statements. Both husband and wife must complete each item and answer independently.

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п	w	м.	Ю	и.	ш	

HUSBA	ND
1.	What is your philosophy regarding the spiritual training of your child(ren)? Please include details as to how you will teach your child(ren) to know Jesus.
2.	Someday, your child will have questions about his/her life and existence. What will you teach your child(ren) about each of the following topics?
	a. CREATION: How did it all begin? Where did we come from?
	b. THE FALL: What went wrong? What is the source of evil and suffering?
	c. REDEMPTION: What can we do about it? What is the basis and foundation of your relationship with God?
3.	How would you describe your parenting style?
4.	What parenting skills training have you received in the past, and how do you plan to continue to improve your parenting skills? (Some agencies will require specific training and some will not. Include how you plan to continually grow your parenting skills as your child ages)

5.	If your child is not of school age, what are your childcare plans?
6.	What is your educational choice for your child? Home School   Private Christian   Public   Other
7.	What are your plans to ensure a strong biblical education?

### **WIFE**

1.	What is your philosophy regarding the spiritual training of your child(ren)? Please include details as to how you will teach your child(ren) to know Jesus.
2.	Someday, your child will have questions about his/her life and existence. What will you teach your child(ren) about each of the following topics?
	a. CREATION: How did it all begin? Where did we come from?
	b. THE FALL: What went wrong? What is the source of evil and suffering?
	c. REDEMPTION: What can we do about it? What is the basis and foundation of your relationship with God?
3.	How would you describe your parenting style?
4.	What parenting skills training have you received in the past, and how do you plan to continue to improve your parenting skills? (Some agencies will require specific training and some will not. Include how you plan to continually grow your parenting skills as your child ages)

5.	If your child is not of school age, what are your childcare plans?
6.	What is your educational choice for your child? Home School  Private Christian Public Other
7.	What are your plans to ensure a strong biblical education?

### V. FINANCIAL STEWARDSHIP

Include with your application a print out of the Credit Report Card available for free from **CreditKarma.com** at http://www.creditkarma.com/report (similar reports from other financial reporting organizations will be accepted as long as they include a verification of your total reportable debt and your credit score).

NOTE: The CreditKarma.com service is a "soft inquiry" and will not impact your credit score at all – it's also a service that we believe will be beneficial to your personal financial stewardship. Please understand that your application will not be reviewed if a Credit Report Card or similar credit reporting tool is not provided. Financial Stewardship is only one element that we look at in the review of your application, but this information is critical in order to be God-honoring stewards of the resources with which He has entrusted to ABBA Fund.

1.

1.	
CASH FLOW	
	Monthly
<b>LESS</b> Gross Income	\$
Charitable Giving	\$
Taxes	\$
Debit Repayment (Not including Home Mortgage)	\$
Net Spendable Income (Total Gross Income – Giving – Taxes – Debt)	\$
<b>Living Expenses</b> Housing	
Mortgage/Rent	\$
Property Taxes	\$
Insurance	\$
Utilities	\$
Other	\$
Total Living	(a) \$
Food	(b) \$
Clothing	(c) \$
Transportation	
Car Payment	\$
Insurance	\$
Gas/Maintenance	\$
Total Transportation	(d) \$
Entertainment/Recreation	(e) \$
Medical Expenses	(f) \$
Insurance	(g) \$
Gifts	(h) \$
Miscellaneous	(i) \$
<b>Total Living Expenses</b> Sum of (a) through (i)	\$
Cash Flow (Net spendable Income – Total Living Expenses)	\$

Statement of Net Worth	
<b>Assets</b> Cash	
On hand	\$
Checking	\$
Savings	\$
Investments	
Stock	\$
Bonds	\$
Real Estate (other than your home)	\$
Other	\$
Retirement Accounts	\$
Personal Property	
Auto	\$
Auto	\$
Household	\$
Real Estate (Home)	\$
Other Assets	\$
Total Assets	\$
Liabilities	
Current Bills	\$
Credit Cards	\$
Auto Loans	\$
Home Mortgage	\$
Other Liabilities	\$
Total Liabilities	\$
Net Spendable Income (Total Gross Income – Giving – Taxes – Debt)	\$

# **Church Contact Information**

In a situation if a family stops paying on their covenant loan, ABBA Fund typically contacts the family's pastor or other church staff or lay leader to help counsel the family and see if there any assistance that can be given. Please list two individuals connected to your church that you would be comfortable ABBA Fund contacting in such a situation (pastor, elder, deacon, lay leader, staff, etc.):

Name	Phone	( )
Address		
Relationship	Email	
Name	Phone	( )
Address		
Relationship	Email	
Name and Contact Information	of Nearest Relative	
Please list the name of a relative who we co	uld contact if we cannot get a hold of you	
Name	Phone	( )
Address		
Relationship	Email	
What is your understanding of a covena	ant loan and your obligation to fulfill y	our part of a covenant that you make?
CONSENT AND SIGNATURE		
authorize such person and institutions to rele	ease information to ABBA Fund. We also uur application, 2) whether or not financial	on or institution named in this application, and we inderstand and agree that 1) ABBA Fund contacting any of assistance is provided is at the total discretion of the stance to us.
Signature of Adopting Father		Date
Signature of Adopting Mother		Date



# **Employer/Co-worker Reference**

	Name of Family		<del></del>		
not kno Please or you	you for taking the time to complete this reference for wall the details of the family's life but we ask you be fill out the reference completely and return to us by may return it by email at application@abbafund.org ins at 888-775-3422.	e as candid mail at ABB	as poss A Fund,	sible. Each reference is confidential PO Box 868049, Plano, TX 75086	
NAME A	AND CONTACT INFORMATION OF EMPLOYER OR CO	-WORKER			
Name		Phone	(	)	
Address					
Email					
Please	be as thorough as possible while answering these questio	ns.			
1.	How long have you known this person?				
2.	How would you describe this person's work habits?				
3.	How would you describe this person's character?				
4.	If an interest-free loan is provided do you have any reason to b	elieve this fam	ily would	not repay it?	
5.	Please add any additional comments or concerns.				
	Signature				



# **Friend Reference**

	Name of Family				
not kno Please or you	you for taking the time to complete this reference for ow all the details of the family's life but we ask you be fill out the reference completely and return to us by may return it by email at application@abbafund.org and at 888-775-3422.	e as candid mail at ABB	as poss A Fund,	sible. Each reference is confidential PO Box 868049, Plano, TX 75086	
NAME A	AND CONTACT INFORMATION OF FRIEND	ı			
Name		Phone	(	)	
Address					
Email					
Please l	be as thorough as possible while answering these question	ns.			
1.	How long have you known this family?				
2.	How are you acquainted with this family?				
3.	How would you describe this family?				
4.	Do you have any concerns about them as parents?				
5.	If an interest-free loan is provided do you have any reason to be	elieve this fami	ly would	not repay it?	
6.	Please add any additional comments or concerns.				

Signature



# **Pastor Reference**

	Name of Family		<del> </del>	
Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life but we ask you be as candid as possible. Each reference is confidential. Please fill out the reference completely and return to us by mail at ABBA Fund, PO Box 868049, Plano, TX 75086 or you may return it by email at application@abbafund.org or by fax at 877-899-5067. Please call us with questions at 888-775-3422.				
NAME A	AND CONTACT INFORMATION OF PASTOR			
Name		Phone	(	)
Address				
Email				
	be as thorough as possible while answering these question	ns.		
1.	How long have you known this family?			
2.	How would you describe this family?			
3.	Please describe the family's church involvement.			
4.	Please describe the family's spiritual life and witness for Christ?			
5.	Do you have any concerns about them as parents?			

	Pastor Reference continued	for	Family
6.	If an interest-free loan is provided do you have	any reason to believe this family would not repay it?	
7.	is provided and the family fails to repay it, as a	enant versus a legally binding guarantee. While rarely the case, if a n alternative to legal avenues would you or someone you appoint ir ners willing to counsel this family in Biblical stewardship principles a	n your church
8.	Please add any additional comments or concern	ns.	
		Signature	