

... giving a hand up and not a handout
MARANATHA-CARLISLE
Financial Management Service
P. O. Box 1320, Carlisle, PA 17013
Telephone (717)258-1000 FAX (717)218-9858
E-Mail: information@maranatha-carlisle.org

Date _____

Applicant: _____ SSN ____ - ____ - ____ Date of Birth _____

Spouse: _____ SSN ____ - ____ - ____ Date of Birth _____

Address _____

City _____ State ____ Zip Code _____ County _____

Home Phone No. () ____ - ____ Contact Phone No. () ____ - ____

Race/Ethnicity: Asian ____ Black ____ Hispanic ____ Native American ____ White ____ Other _____
(This question is optional. It is for grant purposes only.)

Names/Ages of Dependents _____

Applicant Employed by _____ Work No. () ____ - ____

Address _____

City _____ State ____ Zip Code _____ County _____

Spouse Employed by _____ Work No. () ____ - ____

Address _____

City _____ State ____ Zip Code _____ County _____

Applicant's pay Gross Monthly _____ Net Monthly _____ Proof _____

Spouse's pay Gross Monthly _____ Net Monthly _____ Proof _____

Other Income type _____ Amount _____ Proof _____

for household type _____ Amount _____ Proof _____

(Please attach current pay stubs or other proof of income.)

Caseworker (if applicable) Name _____ phone # _____

How did you hear about Maranatha? _____

Referral source, if someone referred you. _____

At the time of enrollment, we need a copy, front and back, of your medical cards, noting effective dates, and a copy of your lease.

MARANATHA
MONTHLY SPENDING PLANNER

I. INCOME			
CATEGORY	DESCRIPTION	ACTUAL	PLANNED
Income	Net Monthly Income (all sources)		
TOTALS			
II. EXPENSES			
CATEGORY	DESCRIPTION	ACTUAL MONTHLY PAYMENTS	BALANCE DUE
Monthly Payments	Rent/Mortgage		
	Alimony/Child Support		
	Child Care		
Loans	Automobile		
	Automobile		
	Furniture/Appliances		
	Finance Company _____ Installment		
Credit Cards	Visa _____		
	Mastercard _____		

Utilities	Electricity		
	Heat		
	Telephone		
	Water/Sew age		
Insurance	Automobile		
	Health & Dental		
	Life		
	Renters/Homeow ners		
	Disability		
Donations	Church		
	Charity		
Dues	Union		
	Organizations		
Medical (not covered by Insurance)	Doctor/Dentist		
	Medication		
	Hospital		
Transportation	Gasoline		
	Maintenance		
	Parking		
	Public Transportation		
Food	Groceries		
	School or Work Lunches		
Clothing	New Clothes		
	Dry Cleaning/Laundry		
	Uniforms/Required Items		
Household Operation/ Maintenance	Repairs		
	Supplies		
	Other		
Misc.	Clubs, Sports, & Hobbies		
	Entertainment: eating out/movies		
	Vacations		
	Gifts		
	Pet Supplies		
	TV cable		
Savings	Savings Bonds		
	Financial Institutions		
TOTALS			

Please put additional credit cards on a separate sheet. Please send recent pay stubs or photocopies