

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

Date \_\_\_\_\_

Applicant \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicant \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_  
City State Zip

Where were you born? \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ City State Zip Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Other \_\_\_\_\_

Race/Ethnicity (optional): Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Native American \_\_\_ White \_\_\_ Other \_\_\_\_\_

List others living in the household:

Name	Relationship	Date of Birth	Income Amount	Source <small>SSA, SSI, SSP or Wages</small>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Do you currently have a Representative Payee? Yes \_\_\_ No \_\_\_ Did you serve in the military? Yes \_\_\_ No \_\_\_

Do you receive HUD (rental assistance)? Yes \_\_\_ No \_\_\_ Do you receive Food Stamps? Yes, \$ \_\_\_\_\_ No \_\_\_

ACCESS Card ID# \_\_\_\_\_ Does your ACCESS card provide medical benefits? Yes \_\_\_ No \_\_\_

Other Medical Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Effective Date \_\_\_\_\_

How did you hear about Maranatha? \_\_\_\_\_

Did someone refer you? \_\_\_\_\_

Caseworker (if applicable) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Closest Family Member \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name	Relationship
_____	_____
Address	_____

Applicant's Declaration

I verify the statements in this Application are true and correct. I understand that false statements herein may be cause for my Application to be dismissed without any further consideration.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

For Office Use Only

1. Category: Rep Payee \_\_\_ Charitable \_\_\_ Subsidized \_\_\_ Private \_\_\_ Military \_\_\_
2. Race/Ethnicity \_\_\_\_\_ (observation – if not noted on application)
3. Proof of Income? Yes \_\_\_ No \_\_\_ SSA \_\_\_ SSI \_\_\_ SSP \_\_\_ Wages \_\_\_ (weekly\_\_\_ biweekly \_\_\_)
4. First income deposit expected: \_\_\_\_\_(applicant)  
\_\_\_\_\_ (co-applicant)  
\_\_\_\_\_  
\_\_\_\_\_
5. Were Releases signed? Yes \_\_\_ No \_\_\_
6. Copies of medical cards? Yes \_\_\_ No \_\_\_ Requested from & date \_\_\_\_\_
7. Copy of Lease/HUD Agreement? Yes \_\_\_ No \_\_\_ Requested from & date \_\_\_\_\_
8. Signed request for change in billing address? Yes \_\_\_ No \_\_\_ form sent with client? Yes \_\_\_ No \_\_\_
9. Transaction Detail Report to: Client \_\_\_ Case Manager \_\_\_ Other \_\_\_\_\_
10. Bank Account Information? Yes \_\_\_ No \_\_\_
11. Birth Certificate Yes\_\_\_ No\_\_\_

Name: \_\_\_\_\_

Tell us about your income and expenses.....

**Income**

Social Security \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_  
SSP \$ \_\_\_\_\_  
Wages(weekly\_\_\_ biweekly \_\_\_) \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Annuity \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Family Assistance \$ \_\_\_\_\_  
Cash Assistance \$ \_\_\_\_\_  
Worker's Comp \$ \_\_\_\_\_  
Unemployment Comp \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Employer \_\_\_\_\_

Name

City

State

**Assets**

Name of Bank \_\_\_\_\_  
Routing # \_\_\_\_\_  
Checking Account Balance \$ \_\_\_\_\_  
Account # \_\_\_\_\_  
Savings Account Balance \$ \_\_\_\_\_  
Account # \_\_\_\_\_  
IRA/401k Balance \$ \_\_\_\_\_  
  
Home Value \$ \_\_\_\_\_  
Life Insurance Value \$ \_\_\_\_\_  
Burial Fund Value \$ \_\_\_\_\_  
Trust Fund \$ \_\_\_\_\_  
  
Car \$ \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Other \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Monthly Expenses**(unless noted)

Rent, Landlord \_\_\_\_\_ \$ \_\_\_\_\_  
Mortgage \$ \_\_\_\_\_  
Lot Rent \$ \_\_\_\_\_  
Electric \$ \_\_\_\_\_  
Gas (for heating/cooking) \$ \_\_\_\_\_  
Heating Oil \$ \_\_\_\_\_  
Water/Sewer(qrtly\_\_\_ monthly\_\_\_) \$ \_\_\_\_\_  
Trash (qrtly\_\_\_ monthly\_\_\_) \$ \_\_\_\_\_  
House phone \$ \_\_\_\_\_  
Cell phone \$ \_\_\_\_\_  
Cable \$ \_\_\_\_\_  
Food (weekly\_\_\_ biweekly \_\_\_) \$ \_\_\_\_\_  
Car Loan \$ \_\_\_\_\_  
Car Insurance \$ \_\_\_\_\_  
Gasoline - weekly \$ \_\_\_\_\_  
Medication/Pharmacy \$ \_\_\_\_\_  
Fines \$ \_\_\_\_\_  
Cigarettes \$ \_\_\_\_\_

Loans(Balance = \$ \_\_\_\_\_) \$ \_\_\_\_\_

Credit Cards(Balance=\$ \_\_\_\_\_) \$ \_\_\_\_\_

Furniture Rental \$ \_\_\_\_\_

Storage Unit \$ \_\_\_\_\_

Pet Supplies \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Home/Renter's Insurance \$ \_\_\_\_\_

(monthly\_\_\_ semi-annually\_\_\_ annually \_\_\_)

Other \_\_\_\_\_ \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

AARP\_\_\_ Cap Blue Cross \_\_\_ First Health \_\_\_ Other \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Doctor Bills \$ \_\_\_\_\_

Hospital Bills \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

(Ex. Movies, eating out, etc.)

Other \$ \_\_\_\_\_

## APPLICATION CHECKLIST

Name \_\_\_\_\_ Date of Interview \_\_\_\_\_  
(If applicable)

Please bring the following items with you to the interview or include with Application packet.

- \_\_\_\_\_ Proof of Income for all those working or receiving benefits (paystubs or letters from Social Security)
- \_\_\_\_\_ Copy of ACCESS and/or Medical Insurance cards (front and back)
- \_\_\_\_\_ Copy of Lease and/or HUD agreement with Landlord's name and address
- \_\_\_\_\_ Bring ALL bills, to include all those listed on page 2 of the application. Be sure to include coupon books or payment slips, if applicable. The entire bill is needed – NOT just the stub.
- \_\_\_\_\_ If you have a storage unit please include a copy of the Rental Agreement showing the name of the facility and the address where the payments are to be sent. This should also include your Unit # and the monthly charge.
- \_\_\_\_\_ Copy of Birth Certificate

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDIT)**

COMPANY NAME: Maranatha-Carlisle

I authorize the above named company to Credit my:

Checking Account

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**OR**

Savings Account

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S law. This authorization will remain in effect until Maranatha-Carlisle receives written notice from me or by the determination of Maranatha-Carlisle to stop ACH deposits.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.**