

. . .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 () _____ Cell Phone () _____ E-Mail _____
City State Zip

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.