

. . .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 full maiden name _____

City State Zip
Home Phone () _____ 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 _____

Name: _____

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

Income

Net amount

Monthly Expenses (give specific amounts)

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, Phone _____

Landlord's Name _____
 Rent \$ _____
 Mortgage \$ _____
 Lot Rent \$ _____
 Electric \$ _____
 Gas (for heating/cooking) \$ _____
 Heating Oil \$ _____
 Water/Sewer (qtrly____) \$ _____
 Trash (qtrly__ monthly__) \$ _____
 House phone \$ _____
 Cell phone \$ _____
 Cable \$ _____
 Food (weekly__ biweekly __) \$ _____
 Car Loan \$ _____
 Car Insurance \$ _____
 Gasoline - weekly \$ _____
 Medication/Pharmacy \$ _____
 Fines \$ _____
 Cigarettes \$ _____

Assets

Name of Bank _____
 Routing # _____
 Checking Account Balance \$ _____
 Account # _____
 Savings Account Balance \$ _____
 Account # _____
 IRA/401k Balance \$ _____

Loans (Balance = \$ _____) \$ _____
 Credit Cards(Balance\$ _____) \$ _____
 Furniture Rental \$ _____

Home Value \$ _____
 Life Insurance Cash Value \$ _____
 Burial Fund Value \$ _____
 Trust Fund \$ _____
 \$ _____

Storage Unit \$ _____
 Pet Supplies \$ _____
 Child Care \$ _____
 Child Support \$ _____

Car/Vehicle(s)
 Make _____ Model _____ Year _____
 Make _____ Model _____ Year _____

Home/Renter's Insurance \$ _____
 (monthly __ semi-annually __ annually __)
 Other _____ \$ _____

Other \$ _____
 _____ \$ _____

Health Insurance \$ _____
 (monthly _____ Quarterly _____ w/ Employer _____
 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 Birth Certificate, Social Security Card, Driver's License or Photo ID

_____ Copy of Lease and/or HUD agreement with Landlord's name, address, and phone number

_____ 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, the address, and phone number where the payments are to be sent. This should also include your Unit # and the monthly charge.