. . .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 (SSA, SSI, SSP or Wages)
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____

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**

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 _____
_____

Monthly Expenses (give specific amounts)

Landlord's Name _____
Rent $_____
Mortgage $_____
Lot Rent $_____
Electric $_____
Gas (for heating/cooking) $_____
Heating Oil $_____
Water/Sewer (qrtly____) $_____
Trash (qrtly__ 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 $_____

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

Car/Vehicle(s)

Make _____ Model _____ Year ____

Make _____ Model _____ Year ____

Other $ _____
_____ $_____

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 $_____
(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.

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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I, _____ understand that Maranatha has an obligation to keep my personal information, identifying information, and my financial records confidential. I also understand that in order for Maranatha to find solutions to my financial related problems and pay my bills, it will be necessary on occasion to gather information.

I authorize representatives of Maranatha to obtain and receive information from agencies and individuals. This information is to be used for the sole purpose of financial evaluation of income and budget planning in order to improve my financial situation.

Information from any of the following agencies or individuals may be shared or received in person, by phone, by fax, by mail, or by e-mail:

American Red Cross
Attorneys
Banks
Career Link
Carlisle CARES
Case Workers
Cell Phone Providers
Center for Independent Living
Child Care Network
Collection Agencies
County Agencies
CPARC (Cumb./Perry ARC)
Tri-County Community Action Commission
Community Services
His Hands Auto Ministry
Hospitals
Insurance Companies
Law Enforcement
Landlords
Lions Club
Meals on Wheels
Medical Service Providers
Mental Health Providers
PACE
Pharmacies
Project Share / Food Banks
Rent/Tax Rebate
Safe Harbour
Social Security Administration
Samaritan Fellowship
Todd Baird Lindsey Foundation
Utility Providers
Other:_____

I further understand that any and all information obtained will be held in strict confidence and maintained in a secure place to be used solely for the purposes set force herein.

_____ _____

Signature Date

Revised 05/2019