

. . .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 \$ _____

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

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

Health Insurance \$ _____
 (monthly _____ Quarterly _____ w/ Employer _____
 AARP__Cap Blue Cross __ First Health __ Other _____

Other \$ _____
 _____ \$ _____

Life Insurance \$ _____
 Doctor Bills \$ _____
 Hospital Bills \$ _____

Entertainment \$ _____
 (Ex. Movies, eating out, etc.)
 Other \$ _____

APPLICATION CHECKLIST

Name _____ Date of Interview _____
(If applicable)

Please include copies of the following items with the Application packet.

_____ Proof of Income for all those working or receiving benefits (paystubs or letters from Social Security)

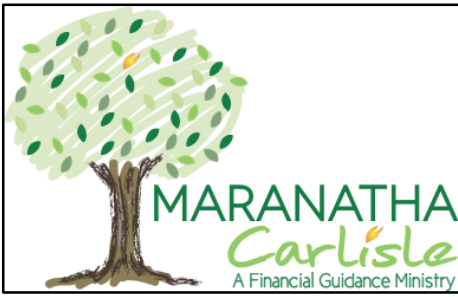
_____ Copy of ACCESS and/or Medical Insurance cards (front and back)

_____ 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.



MARANATHA-CARLISLE
PO Box 1320
Carlisle, PA 17013

PHONE: 717-258-1000
FAX: 717-218-9858

information@maranatha-
carlisle.org
MARANATHA-CARLISLE.ORG

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

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 forth herein.

Signature

Date

Revised 05/2019