



PO Box 1320, Carlisle, PA 17013
Phone: 717-258-1000
Email: mrobinson@maranatha-carlisle.org

Date: _____

Applicant _____ SSN _____ Date of birth _____

Co-applicant _____ SSN _____ Date of birth _____

Address _____ County _____
Street City State Zip

Where were you born? _____ Mother's full maiden name _____
City State

Home Phone _____ Cell Phone _____ Email _____

Gender _____ Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

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

Did you graduate from high school? _____ Year? _____ Name of High School _____

List others living in household (*list additional names on the back of this sheet, if needed*)

Name _____ Age _____

Name _____ Age _____

Do you currently have a Representative Payee? _____ Is your Rep Payee related to you? _____ Are you a veteran? _____

Do you receive HUD (rental assistance)? _____ Do you have a waiver? _____

Monthly Food Stamps? No _____ Yes _____ If yes, list amount: _____

ACCESS Card ID # _____ Medical Insurance benefits through ACCESS? Yes _____ No _____

Other Medical Insurance: Name _____ ID# _____ Effective date: _____

How did you hear about Maranatha? _____

Name of case manager or support (if applicable) _____ Phone _____

Emergency contact

Name/Address _____ Phone _____

Closest Family Member

Name _____ Relationship _____

Address _____ Phone _____

Applicant's Declaration

I verify the statements in the 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 _____

Income

SSA or SSA Disability \$ _____
 SSI \$ _____
 SSP \$ _____

 Wages (weekly ___ biweekly ___) \$ _____
 Pension \$ _____
 Annuity \$ _____

 Retirement Fund \$ _____
 Family Assistance \$ _____
 Cash Assistance \$ _____
 Worker's Comp \$ _____
 Unemployment Comp \$ _____
 Child Support \$ _____
 Other _____ \$ _____
 Employer Name _____
 Do you have a PA ABLE account _____

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 _____

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/Internet \$ _____
 Food (weekly ___ biweekly ___) \$ _____
 Car Loan \$ _____
 Car Insurance \$ _____
 Gasoline – weekly \$ _____
 Medication/Pharmacy \$ _____
 Fines \$ _____
 Cigarettes \$ _____
 Storage Unit \$ _____
 Child Care \$ _____
 Child Support \$ _____
 Loans \$ _____
 (Balance = \$ _____)
 Credit Cards \$ _____
 (Balance = \$ _____)
 Pet Supplies \$ _____
 Type of Animal _____
 Home/Renter's Insurance \$ _____
 (Monthly ___ Semi-Annually ___ Annually ___)
 Life Insurance \$ _____
 Entertainment \$ _____
 (ex. Movies, eating out, etc.)

 Health Insurance \$ _____
 monthly ___ Quarterly ___ w/ Employer ___
 AARP ___ Cap Blue Cross ___ First Health ___ Other ___
 Doctor Bills \$ _____
 Hospital Bills \$ _____
 Other \$ _____

Name _____

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

_____ Proof of Income for 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

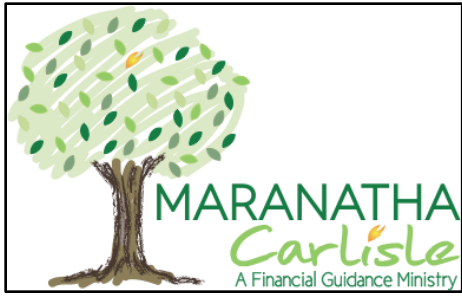
_____ Copy of Lease and/or HUD agreement with Landlord's name, address, and phone number

_____ 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 Bank we will need a few statements, routing number and account number.

_____ 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.

_____ If you have a Will or/and Burial, bring paperwork. We will need to know next of Kin or/and Executor to contact.

_____ If you have a PA ABLE account, we will need the information.



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.

Last 4 of ss# _____

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 | PDS |
| Child Care Network | Pharmacies |
| Collection Agencies | Project Share / Food Banks |
| County Agencies | Rent/Tax Rebate |
| CPARC (Cumb./Perry ARC) | Safe Harbour |
| Tri-County Community Action Commission | Social Security Administration |
| Community Services | Salvation Army |
| His Hands Auto Ministry | Samaritan Fellowship |
| Hospitals | Todd Baird Lindsey Devlin Foundation |
| Insurance | Utility Providers |
| Mid Penn Legal Services re: Will/POA etc | |
| Legal Services _____ | 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 forth herein.

Signature

Date

Printed Full Name

Phone Number