

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
Last First M/I

List those living in household: **PRINT FULL NAME, AGE, AND RELATIONSHIP TO YOU** (continue on back if needed)

Current Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Twshp/Boro \_\_\_\_\_

How long have you lived at above address? \_\_\_\_\_ years \_\_\_\_\_ months Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address moving to \_\_\_\_\_ Twshp/Borough \_\_\_\_\_

Address on your I.D. \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Social Security - last four numbers-** \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Are you working? Yes \_\_\_ No \_\_\_ Employer & Address \_\_\_\_\_

How Long \_\_\_\_\_ If you are not working, when did you last work? \_\_\_\_\_

Are others in your household working? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_ Employer \_\_\_\_\_

Have you applied to Samaritan Fellowship before? Yes \_\_\_ No \_\_\_

Please list family, church or agency that has helped you in the past 6 mo. \_\_\_\_\_

a) Have you ever served in the military? Yes \_\_\_ No \_\_\_ b) Do you have any pets? Yes \_\_\_ No \_\_\_

c) Are you a Maranatha client? Yes \_\_\_ No \_\_\_ d) Are you a TBL client? Yes \_\_\_ No \_\_\_

e) Do you have an ACCESS card? Yes \_\_\_ No \_\_\_ f) Do you receive rental assistance? Yes \_\_\_ No \_\_\_

Name of Landlord \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Do you have an eviction notice: Yes \_\_\_ No \_\_\_

Do you have a termination notice for electric, gas, water or insurance? Yes \_\_\_ No \_\_\_

Have you contacted the utility company? Yes \_\_\_ No \_\_\_

Have you applied to LIHEAP for heating assistance? Yes \_\_\_ No \_\_\_

List cars owned by any in household. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_; Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Give dollar amount are you requesting and what is it for?**

**MONTHLY Household Expenses: EXPENSES continued:**

Rent you pay _____	Diapers _____
Mortgage _____	Credit card Pmts _____
Lot Rent _____	Loan Pmts _____
Gas (heat) _____	Fines _____
Electric _____	Fined for _____
Oil Propane _____	Child Support – you pay _____
Wat/sew/trash _____	Child Care _____
House Phone _____	Child care Network ? Yes ___ No ___
Cell Phone _____	Medical Expenses _____
Internet _____	Cigarettes _____
TV/Cable _____	Alcohol _____
Food _____	Furniture rental _____
Car Payments _____	Health Insurance _____
Car Insurance _____	Life Insurance _____
Gasoline (car) _____	Storage _____
Pet Expenses _____	Other _____
Other _____	

**MONTHLY INCOME OF ALL IN HOUSEHOLD**

	You	Others
Present Job	_____	_____
Social Security	_____	_____
SSI	_____	_____
SSDI	_____	_____
Cash Assist.	_____	_____
Food Stamps	_____	_____
Workman's Comp	_____	_____
Unemp Comp	_____	_____
Pension	_____	_____
Child sup rec'd	_____	_____
Ins. Benefits	_____	_____
Other	_____	_____
Total Income	_____	_____

**Do you use Project Share?** Yes \_\_\_ No \_\_\_

Have you received or filed for a tax refund? Yes \_\_\_ No \_\_\_ How much? \_\_\_\_\_ Balance in Check \_\_\_\_\_ Saving \_\_\_\_\_

I authorize Samaritan Fellowship to investigate any of the information I have given in this application and to release any information to private/public agencies to verify and coordinate my requests for services. I also acknowledge that all information given is correct and complete

Signature \_\_\_\_\_