

APPLICATION FOR ASSISTANCE-SAMARITAN FELLOWSHIP

ID \_\_\_\_\_ COVID VACCINE: NO \_\_\_\_\_ YES \_\_\_\_\_ - CARD SHOWN \_\_\_\_\_ REF \_\_\_\_\_ Account # \_\_\_\_\_

APPLICANT, PLEASE FILL OUT ALL FIELDS

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_ 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 you are 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 \_\_\_\_\_

MONTHLY INCOME OF ALL IN HOUSEHOLD

Table with 3 columns: Income Source, You, Others. Rows include Present Job, Social Security, SSI, SSDI, Cash Assist., Food Stamps, Workman's Comp, Uemp Comp, Pension, Child sup rec'd, Ins. Benefits, 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 give consent for my application and other information to be sent via email in order to facilitate the interview and record keeping process.

Signature \_\_\_\_\_

THIS PAGE MAY BE USED FOR ADDITIONAL FAMILY MEMBERS – AND INTERVIEWERS NOTES.

**Referrals are needed for all subsidized housing, i.e.: Public Housing, HUD, all shelters, Maranatha and TBL (if in question please ask)**

**Intake - CLIENT WAS ADVISED THEY MUST HAVE A REFERRAL? DATE \_\_\_\_\_ Initials \_\_\_\_\_**

**Interviewers: please check all that apply**

**If rent request, was the property owner/landlord contacted? Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_**

**Board Vote: Yes \_\_\_\_\_ No \_\_\_\_\_ Not needed \_\_\_\_\_?**

**Action:**

**Clients Participation Dollar Amount**

**Reason for helping or not helping:**

**Interviewers (first name and last initial): \_\_\_\_\_**

**Complete \_\_\_\_\_ Incomplete \_\_\_\_\_**