

CHRIST AMONG NEIGHBORS APPLICATION FORM

Name: _____ Date: _____

Address: _____ School District: _____

City: _____ State: _____ Zip: _____ County: _____

Phone#: _____ Need: _____ (Mo?) email address: _____

LIST EVERY PERSON WHO LIVES IN THE HOME- See codes below

***Race/ethnicity:** A = American Indian or Alaskan Native; B = Asian; C = Black or African American; D = Hispanic; E = Native Hawaiian/ Pacific Islander; F = White; G = Multiracial

****Gender:** M=Male; F=Female; N= Non-binary/Third Gender; P= Prefer not to say

Name	Relationship	Age	Race*	Gender**	Veteran
1 _____	Self _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____

Are you working? Yes ___ No ___ If yes, Avg # hours/week _____ Transportation? Yes ___ No ___
 Spouse/Partner working? Yes ___ No ___ How long have you lived in Shippensburg? _____

<u>BENEFITS</u>	<u>MONTHLY Amt</u>	<u>EXPENSES</u>	<u>MONTHLY</u>
TANF (Cash Assistance)	\$ _____	Rent/Mortgage _____	Electricity _____
Social Security Retirement	\$ _____	Heat (oil,gas,wood) _____	Water/Sewer/Trash _____
Social Security Disability	\$ _____	Food/Toiletries _____	
Supplemental Security Inc.	\$ _____	Car payment _____	Meals out _____
Pension	\$ _____	Insurance _____	Gas/Transport _____
Child Support	\$ _____	Phone/TV/Internet _____	Fines, legal fees _____
Unemployment Comp.	\$ _____	Child Support _____	Child care _____
Wages	\$ _____	Diapers _____	Loans/Credit card _____
Do not include food stamps in total		School supplies, pet exp, medical, ciggs, other _____	

TOTAL BENEFITS: \$ _____ Minus (-) TOTAL EXPENSES: \$ _____ = \$ _____

Food Stamp Monthly Amt = \$ _____ Does it cover all food expenses? If not, how much _____

Do you have a court eviction or utility shut off notice? Yes ___ No ___

New Residents - Have you received your security deposit from last residence?

Landlord Name: _____ Address: _____ Phone #: _____

I hereby authorize Christ Among Neighbors to release or request information as Christ Among Neighbors in its sole discretion deems necessary to fulfill my request for assistance. The information provided above is true and correct to the best of my knowledge.

6/22/25 _____
 Applicant Signature/Date

 Interviewers Signature/Date