

# 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 _____	Meals out _____
Supplemental Security Inc.	\$ _____	Car payment _____	Gas/Transport _____
Pension	\$ _____	Insurance _____	Fines, legal fees _____
Child Support	\$ _____	Phone/TV/Internet _____	Child care _____
Unemployment Comp.	\$ _____	Child Support _____	Loans/Credit card _____
Wages	\$ _____	Diapers _____	School supplies, pet exp, medical, ciggs, other _____

**Do not include food stamps in total**

**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.