Community CARES Application

(Please read all instructions below)

Thank you for your application to Community CARES, where we strive to help those in need, hold on to their housing in times of crisis. Please see directives below for submitting an application and supporting documents to Community CARES.

1. Complete and sign the 'Interagency Intake Form' application and budget sheet. (*Please be sure to print legibly)

2. Read and sign the agency consent form.

3. Provide all documents listed below.
   ***(Applications will not be assessed until all supporting documentation is submitted)**
   - Written explanation of precipitating crisis/hardship or reason for move.
   - Supporting documentation of crisis/hardship (i.e. medical bills, receipts, paystubs verifying loss of income/hours, termination letter etc.)
   - Denial or Guarantee letter from the Department of Social Services (DSS)
   - Proof of *all* household income-
     - 2 bi-weekly paystubs or 4 weekly paystubs (current)
     - SSI/SSD/SSA/VA statement(s)
     - SNAP award letter(s)
     - Unemployment benefit letter(s)
     - Child support letter(s)
     - Public Assistance (PA) award letter(s)
   - Notarized letter/Legal Document/Rent Ledger showing rental arrears or amount due for move.
   - Bank Statement(s) coinciding with crisis (no more than 3 months unless requested)
   - CVR/Section 8/DSS rent share letter.
   - Documentation of Monthly Expenses- (Please provide all that are applicable)
     - Con Ed (utility bill)
     - Cable bill
     - Credit card bill (monthly)
     - Car loan (monthly)
     - Car insurance bills (monthly)
     - Cell phone bill
   - First and last page of the current lease agreement.
   - Copy of identification (ID), social security card all in household.
4. **Once the application is complete and submitted then drop off all supporting documents listed above to 50 W. Penn St., Carlisle PA 17013 or email them to prevention@morethanshelter.org.**

5. If unable to complete application online stop by 50 W. Penn St. Carlisle PA 17013 to pick one up.

*Upon receipt of the application and all supporting documentation, our team will complete an initial assessment and the client and referring agency will be contacted. For any questions or concerns, please contact us at 717-249-1009 x2224 or x2228 or email prevention@morethanshelter.org.

INTERAGENCY EVICTION PREVENTION INTAKE FORM

Agency: Community CARES
Telephone: (717)249-1009 Fax: (717) 243-5103

Today's Date: 1/19 **Date of Birth**_____ **Social Security Number:** _____

Name:_____ DSS Number (if applicable) _____
Current Address: _____
Street Address ***Apt #*** ***City/Town*** ***Zip Code***

Cell Phone_____ ***Home:***_____ ***Business***_____
Email Address_____

Ethnicity (please circle): Caucasian / African American / Hispanic / Asian / American Indian / Other _____

Marital Status: Single_____Married_____Separated_____Divorced_____Widowed_____Other _____

Spouse/Roommate's Name_____ **Social Security Number**_____
D.O.B._____

Number of Children in the Household: _____ **Ages and Sex of each child:** __ ___ ____ ___
(Ex. F 5, M 14) ___ ___ ___ ___

Number of total people living in household: _____

Total Gross Family/Household Income: Under
$10,000 _____ $10,000-$15,000 $15,000-$20,000 _____ $20,000-$30,000 _____ Over $30,000

Employer _____ ***Job Title*** _____ ***How long there***_____

Spouse/ Roommate Employer _____ ***Job Title*** _____

What assistance are you applying for? _____

Housing Information:
Size of Unit:_____Number of Rooms

_____1 Bedroom

_____2 Bedrooms

_____3 Bedrooms

_____Other

Monthly Rent/Mortgage: $_____Heat Inc?: _____
Section 8 tenant share $_____

Number of Months Owed: _____

Total Arrears Owed: $_____

Amount You Can Pay: $_____

Assistance Requested: $_____

How long have you resided there:_____ **Amount of Assistance from other sources: $**_____
(Family /Friends)
Do you have a lease? Yes____No_____ (Please include a copy)

Have you received or applied for rental assistance from any agencies in the past 12 months? _____
If "yes" from which agency/agencies_____

Please write a brief explanation of why you are requesting assistance (attach additional paper):

Current Landlord's/Mortgage Company Name_____Telephone
_____

Monthly payment is made out to

_____

Address

_____

Street ***Apt#*** ***City*** ***Zip***

Landlord's Attorney: Name_____Telephone: _____

Have you received a Legal Notice or Demand Letter?___Date Received_____(please include a copy)
Do you have 72 hour notice?_____(please include a copy)
Do you have a Court Date or have you already been to Court? _____ **(**Y/N and date)
Is this your first time in arrears?____If "no" how many times before and when? _____

Do you owe utilities? Electric/Gas amount owed: $_____**Home Heating Oil $** _____

Telephone amount owed: $_____

Do you receive a subsidy (such as Section 8, DSS)___(Y/N) By what agency? Agency contact person & telephone number: _____
_____
_____ **(Must provide share letter)**

How will you continue to pay your rent and/or balance if you are assisted with one month's rental arrears or the first month's rent for a new apartment?

_____

_____

For First Months Rental Assistance Only: Address of the new apartment_____
Street address ***Apt #*** ***City/Town*** ***Zip***
Landlord's Name_____**Telephone#**_____

FOR AGENCY USE ONLY
Other agencies contacted for assistance: **PLEASE NOTE: A DSS DENIAL LETTER IS REQUIRED** Name of agency: Response (Y/N):
Amount of assistance requested:

$_____ _____

$_____ _____

***** Your signature will allow this information and any supporting documents to be released to other agencies on your behalf.***

(Signature of Applicant)

(Signature of referring Caseworker)

(Name of Agency accepting application)

(Signature of accepting Caseworker)

Consent to Release of Information

Please read, understand and consent to all areas, as directed.

Applicant Name: _____

DOB: _____

SSN: _____

Address: _____

I, hereby authorize Community CARES to inquire, request, obtain and release the following information, as it pertains to assisting me and obtaining permanent housing or financial assistance.

Partnering agencies, including but not limited to:

-All Behavioral Health Hospitals/Clinics
-All Drug/Alcohol Treatment Hospitals/Clinics
-All Public Housing Authorities
-All Schools Districts
-American Red Cross
-Career LINK
-Center for Independent Living
-Central PA Family Support & Services
-Children & Youth Services & Participating agencies
-Community Action Commission
-Cumberland Cares for Families
-Cumberland Cty. Homeless Assistance Program
-Cumberland LINK
-Cumberland Cty. MH/IDD
-Cumberland Cty. Office of Aging
-Domestic Relations
-Employment Skills Center
-HAP-Homeless Assistance Program
-Hope Station
-James Wilson Safe Harbour
-Landlords (current/prior)
-Legal Guardians
-Local/State Representatives
-Maranatha
-MidPenn Legal Services
-New Hope Ministries
-New Visions
-Office of Inspector General
-Probation & Parole
-Project SHARE
-Public Assistance Office
-Roxbury
-Sadler Health Center
-Salvation Army
-Samaritan Fellowship
-Social Security Administration
-The Arc of Cumb./Perry Counties
-The RASE Project
-Todd Baird Lindsey Foundation
-United Cerebral Palsy of the Capital Area
-Veterans Services
-Volunteers of America
-YMCA/YWCA

I acknowledge that: This consent is valid for 25 months after rendered service for monitoring purposes.

Service date (check date) ____ / ____ / _____ **(*Leave blank until the check is disbursed)**

_____All information provided for the consideration of my case for financial assistance is true and accurate at the time of my application.

_____I have the right to withdraw this consent form at any time, however, recognize that it may impede on my ability to receive permanent housing/financial assistance

_____ _____

(Applicant Signature) *(Date)*

_____ _____

(Witness) *(Date)*

HOUSEHOLD MONTHLY BUDGET

HOUSEHOLD INCOME	SELF	OTHER
Gross Income (Weekly, bi-weekly, monthly)	$	$
***Net Income (including tips)	$	$
Take home amount $ _____	$	$
circle one: weekly, bi-weekly, monthly		
Sources of income:		
Pension	$	$
Annuity/401K/403B	$	$
SSI/SSD/SSA	$	$
Unemployment	$	$
Veterans Benefits	$	$
Public Assistance/TANF	$	$
Food Stamps	$	$
Child Support	$	$
Alimony/Palimony	$	$
Total Households Monthly Gross Income	**$**	**$**
Monthly Total Income	$	

MONTHLY EXPENSES	
HOUSING:	
Rent/Mortage	$
Maintenance	$
Utilities (average monthly bill)	$
Cable	$
Internet	$
Phone	$
PERSONAL	
Toiletries	$
Cell Phone	$
Groceries	$
Laundry/Dry Cleaning	$
TRANSPORTATION	
Fuel/Gas	$
Transportation (bus/train)	$
Car Payment	$
Car Insurance	$
DEBT	
Credit Support (you paid)	$
Child Care	$
Medical Expenses	$
Entertainment	$
Other Expenses	$
Total Monthly Expenses	$

SUBMIT APPLICATION