

## **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](mailto: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](mailto:prevention@morethanshelter.org).**

# INTERAGENCY EVICTION PREVENTION INTAKE FORM

Agency: Community CARES

Telephone: (717)249-1009 Fax: (717) 243-5103

Today's Date: \_\_\_\_\_ 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

Monthly Rent/Mortgage: \$ \_\_\_\_\_ Heat Inc?: \_\_\_\_\_

Section 8 tenant share \$ \_\_\_\_\_

\_\_\_\_\_ 1 Bedroom

Number of Months Owed: \_\_\_\_\_

\_\_\_\_\_ 2 Bedrooms

Total Arrears Owed: \$ \_\_\_\_\_

\_\_\_\_\_ 3 Bedrooms

Amount You Can Pay: \$ \_\_\_\_\_

\_\_\_\_\_ Other

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 \_\_\_\_\_ (Y/N and date)  
Court? \_\_\_\_\_

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: \_\_\_\_\_

Amount of assistance requested: \_\_\_\_\_

Response (Y/N): \_\_\_\_\_

|          |       |
|----------|-------|
| \$ _____ | _____ |
| \$ _____ | _____ |

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

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(Signature of Applicant)

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(Signature of referring Caseworker)

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(Name of Agency accepting application)

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(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            | -Legal Guardians                           |
| -All Drug/Alcohol Treatment Hospitals/Clinics       | -Local/State Representatives               |
| -All Public Housing Authorities                     | -Maranatha                                 |
| -All Schools Districts                              | -MidPenn Legal Services                    |
| -American Red Cross                                 | -New Hope Ministries                       |
| -Career LINK  | -New Visions                               |
| -Center for Independent Living                      | -Office of Inspector General               |
| -Central PA Family Support & Services               | -Probation & Parole                        |
| -Children & Youth Services & Participating agencies | -Project SHARE                             |
| -Community Action Commission                        | -Public Assistance Office                  |
| -Cumberland Cares for Families                      | -Roxbury                                   |
| -Cumberland Cty. Homeless Assistance Program        | -Sadler Health Center                      |
| -Cumberland LINK                                    | -Salvation Army                            |
| -Cumberland Cty. MH/IDD                             | -Samaritan Fellowship                      |
| -Cumberland Cty. Office of Aging                    | -Social Security Administration            |
| -Domestic Relations                                 | -The Arc of Cumb./Perry Counties           |
| -Employment Skills Center                           | -The RASE Project                          |
| -HAP-Homeless Assistance Program                    | -Todd Baird Lindsey Foundation             |
| -Hope Station                                       | -United Cerebral Palsy of the Capital Area |
| -James Wilson Safe Harbour                          | -Veterans Services                         |
| -Landlords (current/prior)                          | -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    |      |       |
| <b>Sources of income:</b>                 |      |       |
| Pension                                   | \$   | \$    |
| Annuity/401K/403B                         | \$   | \$    |
| SSI/SSD/SSA                               | \$   | \$    |
| Unemployment                              | \$   | \$    |
| Veterans Benefits                         | \$   | \$    |
| Public Assistance/TANF                    | \$   | \$    |
| Food Stamps                               | \$   | \$    |
| Child Support                             | \$   | \$    |
| Alimony/Palimony                          | \$   | \$    |

## MONTHLY EXPENSES

### HOUSING:

|                                  |    |
|----------------------------------|----|
| Rent/Mortgage                    | \$ |
| 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 Households Monthly Gross Income

\$

Total Monthly Expenses

\$

Monthly Total Income

\$