

Marty Sinopoli Ministries

John 15: 5 "I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing."

APPLICATION Date: _____

Marty Sinopoli Ministries, Inc. exists to help people who are in need. We attempt to offer supplemental assistance after all other venues have been exhausted.

Applicant Name: _____ Spouse/Significant Other Name: _____

Applicant Home Address: _____

We want to help, if we can. There may be times and circumstances, however, which we will inform you about, that may require us to verify certain things or to consult with other agencies/people to get you the help you need. Thus, we ask you to allow us to talk to these sources about the information you provide us in this application. We need your permission to do so. We request that you read the below waiver of confidentiality and consent to our limited use in disclosing that information solely to determine whether we can assist you.

Waiver of Confidentiality and Consent

I (We) certify, under penalty of disqualification, that the information on this application and the statements made are true, correct and complete to the best of my (our) knowledge and ability. I (We) certify that all income, expenses and assets for this application have been reported on this application.

I (We) authorize **Marty Sinopoli Ministries, Inc.** to make any investigation and contacts concerning me (us), or other members of my household, which is deemed necessary to determine program eligibility for any assistance and/or benefits I (we) are requesting, have received or will receive under programs administered by **Marty Sinopoli Ministries, Inc.**

I (We) authorize the release of information related to the assistance I (we) have requested by **Marty Sinopoli Ministries, Inc.** or its representatives. I (We) authorize **Marty Sinopoli Ministries, Inc.** to obtain and exchange information related to my (our) application in order to participate in their programs. The release of information shall be in effect while I am (we are) an applicant or recipient of assistance and/or benefits.

I (We) understand that *Marty Sinopoli Ministries, Inc.* provides financial and in-kind assistance only one time per calendar year. On a case by case basis, under special circumstances, additional assistance may be given.

Applicant Signature

Date Signed

Spouse/Significant Other Signature

Date Signed

Signature/Title of Person Completing Application (if different from Applicant)

Date Signed

Marty Sinopoli Ministries, Inc. Representative Signature

Date Signed

We assist with a **hand-up** not a **hand-out**. There are no entitlements. We believe God expects each person to be self-sufficient, to work and support their family. God also expects His people to help one another in love, particularly during hard times or when unexpected circumstances occur. That loving support we want to give is to provide hope for our clients who want to be self-sufficient. God helps those who help themselves

Jeremiah 1: 3 "Before I made you in your mother's womb, I chose you. Before you were born, I set you apart for a special work."

Personal/Family Information:

Applicant Date of Birth: ___/___/___ Spouse/Significant Other Date of Birth: ___/___/___

Applicant Home Phone: _____ Applicant Cell Phone: _____

Members Living in Applicant's Household:

Name: _____ AGE: _____ Relationship: _____

Name: _____ AGE: _____ Relationship: _____

Name: _____ AGE: _____ Relationship: _____

Name: _____ AGE: _____ Relationship: _____

Name: _____ AGE: _____ Relationship: _____

Name: _____ AGE: _____ Relationship: _____

Name: _____ AGE: _____ Relationship: _____

Do you have any pet(s)? (Circle one) YES NO If yes, how many? _____

If yes, what kind(s) of pet(s): _____

Do you have any relatives living within: 10 Miles 25 Miles 50 Miles 100+ Miles

If yes, Name of Relative(s): 1. _____ 2. _____

Address of Relative(s): _____

Telephone of Relative(s): _____

HOME Information:

Do you RENT/OWN/Other? (Circle one) Length at current address: _____ MONTHS/YEARS (circle one)

House () Apartment () Mobile Home () Rent to Own () Condo ()

Name of Applicant's Landlord: _____ Landlord Telephone: _____

Landlord's Address: _____

Have copy of lease, deed, or Rent to Own Agreement? ___ Yes ___ No

Assistance Needed:

I request assistance for (include reason assistance is required): _____

Please list all agencies to which you have applied and result: _____

Applicant Monthly Income

Employment: _____
 Retirement: _____
 Social Security: _____
 SSI: _____
 Disability: _____
 Unemployment: _____
 Cash Assistance: _____
 Child Support: _____
 Alimony: _____
 Pension: _____
 Food Stamps: _____
 Other: _____

Spouse/ Significant Other Monthly Income

Employment: _____
 Retirement: _____
 Social Security: _____
 SSI: _____
 Disability: _____
 Unemployment: _____
 Cash Assistance: _____
 Child Support: _____
 Alimony: _____
 Pension: _____
 Food Stamps: _____
 Other: _____

TOTAL COMBINED INCOME: _____

Applicant/Significant Other Combined Monthly Expenses

Rent/Mortgage: _____
 Electric: _____
 Telephone: _____
 Cell Phone: _____
 Heating Gas/Oil: _____
 Water/Sewer: _____
 Groceries: _____
 Internet: _____
 TV/Cable/Satellite: _____
 Trash: _____
 Credit Card(s): _____
 Child Support: _____
 Alimony: _____
 Auto Loan: _____
 Auto Fuel: _____
 Auto Insurance: _____
 Other Loan: _____
 Home Insurance: _____
 Health Insurance: _____
 Pet Expenses: _____
 Medical Bills: _____
 Fines: _____
 Past Due Bills: _____

TOTAL COMBINED EXPENSES: _____

INCOME MINUS EXPENSES: _____

Money I can save: _____

Were you referred to **Marty Sinopoli Ministries, Inc.** ? Yes No If yes, by whom? _____

Philippians 4: 11-13 "I'm not saying that because I need anything. I have learned to be content no matter what happens to me. I know what it's like not to have what I need. I also know what it's like to have more than I need. I have learned the secret of being content no matter what happens. I am content whether I am Well-fed or hungry. I am content whether I have more than enough or not enough. I can do everything by the power of Christ. He gives me strength."

Marty Sinopoli Ministries, Inc.'s financial support that is used to assist our clients to fulfill their needs is provided by God's blessings through individuals of our community, churches and organizations who follow His call to help those in need and as taught by Jesus. We use no government funding. Our client's responsibility in return is to accept God's gift with thanks and praise. We helped in order to be a model for you to follow to help others.

Employment Information:

Applicant/Significant Other Combined Asset Inventory:

Do you own a vehicle, boat, motorcycle, ATV, etc.? (Circle one) YES NO How many? _____

Year: _____ Year: _____ Year: _____

Make/Model: _____ Make/Model: _____ Make/Model: _____

Amount Owed: _____ Amount Owed: _____ Amount Owed: _____

Do you have any retirement funds/savings? (Circle one) YES NO How much? _____

Do you have other assets valued at \$1,000 or more? (Circle one) YES NO How much? _____

Applicant Employment History:

Employer 1 (current or most recent): _____

Start Date: ___/___/___ End Date: ___/___/___ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

Employer 2 (before current or most recent): _____

Start Date: ___/___/___ End Date: ___/___/___ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

When was the last time you applied for a job? _____ Where? _____

Spouse/Significant Other Employment History:

Employer 1 (current or most recent): _____

Start Date: ___/___/___ End Date: ___/___/___ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

Employer 2 (before current or most recent): _____

Start Date: ___/___/___ End Date: ___/___/___ Employer Telephone: _____

Job Duties/Responsibilities: _____

Reason for Leaving: _____

When was the last time you applied for a job? _____ Where? _____

Other Concerns:

Are you a victim of domestic violence? ___ Yes ___ No

Are you a subject of foreclosure? ___ Yes ___ No

Are you a subject of eviction? ___ Yes ___ No

COMMUNITY DEVELOPMENT BLOCK GRANT SURVEY FORM

For the purpose of determining eligibility for proposed community development projects, to be funded by the Pennsylvania Community Block Grant Program, the following information is necessary. Each family should indicate the number of persons living in the family and whether total family income exceeds or falls below the listed figure for the appropriate size family.

___1	Person Total Income is _____	Above _____	Below \$30,150
___2	Person Total Income is _____	Above _____	Below \$34,450
___3	Person Total Income is _____	Above _____	Below \$38,750
___4	Person Total Income is _____	Above _____	Below \$43,050
___5	Person Total Income is _____	Above _____	Below \$46,500
___6	Person Total Income is _____	Above _____	Below \$49,950
___7	Person Total Income is _____	Above _____	Below \$53,400
___8	Person Total Income is _____	Above _____	Below \$56,850

The primary applicant should also indicate if they are:

Ethnicity: (select only one) ___ Hispanic ___ Not Hispanic or Latino

Race: (select one or more) ___ American Indian or Alaska Native ___ Asian
 ___ Black or African American ___ White
 ___ Native Hawaiian or Other Pacific Islander

MSM Inc.'s Signature

Date

Applicant Signature

Date

STATUS QUESTIONNAIRE

THE NEXT QUESTIONS ARE FOR *Marty Sinopoli Ministries, Inc.*'s INTERNAL USE ONLY

EMPLOYMENT STATUS

(Please check all that apply)

- Full-time Employed
- Part-time Employed
 - One part-time job
 - Two or more part-time jobs
- Unemployed
- Disabled
- Retired
- Stay at home parent

If unemployed (please check):

- Receiving unemployment benefits
- Unemployment benefits expired:
 - 0 to 3 months ago
 - 3 to 6 months ago
 - 6 to 12 months ago
 - Over 12 months ago
 - Was ineligible to receive unemployment benefits

Have difficulty with (please check all that apply):

- Transportation to and from work
- Transportation to and from social services
- Transportation to and from shopping / obtaining essential living items.
- Transportation in an emergency situation (i.e. – Hospital, etc.)

FAITH CONCERNS (OPTIONAL)

Do you have a Bible? ____ Yes ____ No

If “No” would you like one? ____ Yes ____ No

What language do you prefer? _____

Do you have a church? ____ Yes ____ No If Yes, Where? _____

Are you looking for a church? ____ Yes ____ No

Would you like to talk to someone about your faith? ____ Yes ____ No

Can we pray for you, your family, your problems or situation? ____ Yes ____ No ____ Maybe

Do you have any other spiritual questions, issues we can help you with?

Proverbs 3: 5-6 “Trust in the Lord with all your heart. Do not depend on your own understanding. In all your ways remember Him. Then he will make your paths smooth and straight.”

MARTY SINOPOLI MINISTRIES, INC. USE ONLY

PROGRAM /REFERRAL (CIRCLE ONE): LIHEAP - CSO – COUNTY ASST – LOVE INC – DONATED ITEM –
UTLITY PAYMENT- CASH MONEY –GIFT CARD- OTHER:_____

BOARD DECISION: _____ Referred _____ Approved _____ Partial Approval
____ Denied: () Repeat Client () Client Shows No Responsibility () No client follow-up
____ Can't Help: () Not Within Scope of Program () Lack of Funds/Items Not Available

Comments: _____

Final Results: _____

Marty Sinopoli Ministries, Inc. Representative Signature

Date Signed