



NAZARETH HOUSING SERVICES, 301 NAZARETH WAY, PITTSBURGH, PA 15229

412-931-6996 X 6510, BVANDIVIER@CHFMANOR.ORG

OWNER(S): (1) _____ (2) _____

DATE(S) OF BIRTH: (1)_____ (2)_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ ALTERNATE: _____

ANY CHRONIC HEALTH PROBLEMS? (describe)

GROSS MONTHLY INCOME:

| SOURCE | AMOUNT |
|--------|--------|
|--------|--------|

TOTAL:

FAMILY MEMBERS OTHER THAN OWNER(S):

| NAME | RELATIONSHIP | AGE | MONTHLY INCOME | LIVE WITH? (Y/N) |
|----------------|----------------|-----|----------------|------------------|
| John Doe | Spouse | 35 | \$4,500 | Y |
| Jane Doe | Spouse | 32 | \$4,500 | Y |
| Emily White | Daughter | 18 | \$1,200 | N |
| Michael White | Son | 22 | \$1,500 | N |
| Sarah Green | Sister | 28 | \$2,800 | N |
| David Green | Brother | 30 | \$3,200 | N |
| Alice Brown | Grandmother | 72 | \$800 | N |
| Robert Brown | Grandfather | 75 | \$900 | N |
| Olivia Black | Niece | 15 | \$0 | N |
| Ethan Black | Nephew | 19 | \$1,100 | N |
| Sophia Black | Sister-in-law | 38 | \$3,500 | N |
| Benjamin Black | Brother-in-law | 40 | \$3,800 | N |

DO YOU OWN YOUR HOME? Y N IS THERE A MORTGAGE? Y N

DO YOU HAVE CURRENT HOMEOWNERS INSURANCE? Y N

ARE YOUR TAXES PAID? Y N

DESCRIBE ANY CREDIT PROBLEMS OR UNPAID DEBTS:

HAVE YOU APPLIED FOR UTILITY ASSISTANCE? Y_____ N_____

HAVE YOU APPLIED FOR THE COUNTY PROPERTY TAX REBATE? Y_____ N_____

WHAT IS YOUR MARITAL STATUS? _____

HAVE YOU OR YOUR SPOUSE SERVED IN THE ARMED FORCES? Y_____ N_____

ARE YOU REGISTERED WITH THE COUNTY AGING DEPT.? Y_____ N_____

WHAT OTHER SOCIAL SERVICE AGENCIES ARE YOU REGISTERED WITH? (list)

HOW DID YOU LEARN ABOUT US? _____

REPAIRS NEEDED/REASONS YOU NEED HELP

EXPENSE WORKSHEET

| | | | |
|-------------------------------|--|---|--|
| Housing Monthly | | Other Expenses Monthly | |
| Mortgage or rent | | Child/dependent care | |
| Heating Gas/Oil | | Phone | |
| Electric | | Clothing | |
| Water | | Laundry/cleaning | |
| Sewage | | Union dues | |
| Taxes | | Church | |
| House Insurance | | Education | |
| Garbage Fee | | Internet/Cable | |
| Maintenance/fees | | Newspapers/magazines | |
| | | Insurance | |
| Total Housing | | Vacation/entertainment | |
| Food/household Monthly | | Tobacco/alcohol | |
| Grocery | | Pet care | |
| Lunches | | Gifts | |
| Toiletries | | | |
| | | Total Other | |
| Total Food/household | | Transportation Monthly | |
| Medical Monthly | | Bus/Taxi Fare | |
| Prescriptions | | Car Gas | |
| Medical Insurance | | Car Insurance | |
| Doctor visits | | Maintenance | |
| Dental care | | Car loan | |
| Vision care | | | |
| | | | |
| Total Medical | | Total Transportation | |
| Income Taxes Monthly | | Credit card, other debt payments Monthly | |
| Fed/FICA/Medicare | | | |
| State | | | |
| Local | | | |
| | | | |
| | | | |
| | | Total debt payments | |
| Total taxes | | Total Expenses | |

LIST ANY ASSETS WORTH OVER \$500. DO NOT INCLUDE YOUR HOME OR PRIMARY CAR

| | |
|-----------------------------|-------|
| Type | Value |
| Cash or bank accounts | |
| Stocks, bonds, mutual funds | |
| Real estate | |
| Vehicles, boats | |
| Other | |

NAZARETH HOUSING SERVICES

CLIENT APPLICATION AND ACKNOWLEDGEMENT

I hereby apply for participation in the Homeowner Assistance Program of Nazareth Housing Services (NHS). This Program may include counseling and/or financial assistance. NHS receives funding the Program from the Mon Valley Initiative (MVI) of Homestead, PA, and other organizations. I authorize NHS to investigate and obtain my credit, financial, personal, and housing information, and to share this information with MVI or such other agencies or persons as may be necessary to conduct this Program. I understand that I may revoke this consent at any time by written communication to NHS, except to the extent that action based on this consent has been taken.

I understand that it is my right and responsibility to decide whether any action plan recommended by NHS is suitable for me. I have the right to participate in this Program whether or not I accept any other services, recommendations or advice of NHS. I am free to choose or not choose any contractor, service or product, and I am under no obligation to undertake home repairs or accept volunteer help, whether or not referred, recommended or advised by NHS. I have the option to terminate the counseling or to receive counseling from another agency at any time and for any reason.

I hold NHS and The Community at Holy Family Manor Inc., and their staff, officers, members, and directors harmless from any losses or damages related to or resulting from my participation in this Program.

SIGNATURE(S):

DATE: