



331 Anderson Ferry Road  
PO Box 180 Marietta, PA 17547  
717.426.1345; fax 717.426.3921  
office@cbcpc.org; www.cbcpc.org

## Community Resource Assistance Application

### Requestor Information

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Town/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Regular CBC Attendee/Member ☐ YES ☐ NO  
☐ Referred by \_\_\_\_\_

Best Way to Contact:  
☐ Call ☐ Text ☐ Email

**Detailed Description of Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Family & Household Information

Requestor Age: \_\_\_\_\_  
Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single/Widow(ed)  
List children:

Name (First & Last)	Age	Does child live with you?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other residents (relatives, friends, M/F live-ins)?

☐ No ☐ Yes (fill out table below)

Name (First & Last)	Relationship	Age

Applicant Name \_\_\_\_\_

### Employment & Income Information

Employment Status: ☐ Full-time ☐ Unemployed  
☐ Part-time ☐ Temp  
☐ Self-employed/Contractor ☐ Retired

Total Monthly income: \$ \_\_\_\_\_

Is anyone else living in your household employed? ☐ No ☐ Yes (fill out table below)

Name (First & Last)	Employer	Status (PT, FT...)	Monthly Income

Do you have any other sources of income (disability, alimony, child support, retirement, etc.)

Source of Income	Monthly Amount

### Agreements & Signature

Are you willing for CBC to provide assistance with financial management skills and/or spiritual counseling if a Community Resource Team (CRT) member believes it may be beneficial?

☐ No ☐ Yes

Your signature signifies that you:

1. Grant CBC permission to contact the references in this application.
2. Commit to working with a member of CBC's CRT Ministry who will provide guidance applicable to your circumstance.
3. Agree to follow the guidance of the CRT Ministry member; and
4. Understand that all data provided on this application is used solely for the purposes of CRT Ministry assistance to you and will be held in the strictest of confidence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application to Community Bible Church,  
PO Box 180, Marietta, PA 17547, or email it to [office@cbcpc.org](mailto:office@cbcpc.org).**