



SERVICE EXTENSION BUREAU

700 N. Bell Avenue, PO BOX 742
CARNEGIE, PA 15106
1-800-454-1156

RENT RECEIPT FORM

I, _____, the undersigned, state that I am the owner/landlord/real estate agent of the
(Please print name)
residence/apartment located at:

Street Address _____ Apt. # _____

City/Borough _____ Zip _____

I understand that The Salvation Army will make a rent payment in the amount of \$ []

\$ ___ spell out amount _____ 00/XX directly to me by check with receipt of this form. This payment is
received on behalf of the party presently, and legally, occupying this premise, whose name is as follows:

Mr./Mrs./Miss (Full Name) _____
(Please Print)

SIGNATURE OF RENTER: _____

RENTER'S TELEPHONE NUMBER: () _____

I state that everything on this form is true and correct and that I am authorized to collect the rent payment for the above location.

Signature of Owner/Landlord/Agent
Street Address
City State Zip
Date Phone Number

RETURN TO OUR SERVICE UNIT TREASURER AT THE ADDRESS LISTED BELOW:

Name: _____ Phone Number: ()
Address: _____

City _____ State _____ ZipCode _____

DATE RECEIVED FROM LANDLORD: _____ CHECK # _____ SENT: _____

** Note: This form must be sent with Salvation Army purchase Order to be valid. Dollar amounts must agree.
(Treasurer send with voucher to Carnegie for reimbursement.) Thank you.

Please contact landlord to insure that client will not be evicted with this payment



DOING THE
MOST GOOD
THE SALVATION ARMY
CLIENT'S ASSISTANCE APPLICATION FORM
Western Pennsylvania Division

Date: _____ DPA Case Worker's Name: _____
 Number of Individuals Served: _____ Telephone Number: _____
 Service Unit/Center: _____

Client's Last Name: _____ First Name: _____ Age: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Total in Household: _____ Adults: _____ Children: _____
 Driver's License No. _____ State: _____ Expires: _____

Children's Names Living at Home:	Age	(circle)	Children's Names Living at Home:	Age	(circle)
1 _____	_____	M F	6 _____	_____	M F
2 _____	_____	M F	7 _____	_____	M F
3 _____	_____	M F	8 _____	_____	M F
4 _____	_____	M F	9 _____	_____	M F
5 _____	_____	M F	10 _____	_____	M F

Others living at this address in this home or apartment and their relationship to client:
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____

VETERAN Yes _____ No _____

Ethnicity: Please Check () one of the below:
 Caucasian _____ African-American _____ Asian _____ Hispanic _____ Other _____

FAMILY MEANS OF SUPPORT - MONTHLY/YEARLY

Any employment: Yes _____ No _____ Retired: _____ If employed, Employer _____
 Address: _____ Phone # _____ Monthly Wages \$ _____
 Yearly Wages _____ SSI: _____ DPA Cash Grant \$ _____ (yearly)
 Food Stamps \$ _____ (monthly) Public Assistance \$ _____
 How Verified: _____

Monthly Expenses
 Rent/Mortgage \$ _____ Food \$ _____ Electric \$ _____ Gas \$ _____ Phone: _____ Cable: _____
 Water \$ _____ Sewage \$ _____ Credit Card/s _____ Medical \$ _____ Loans _____
 Car Payment _____ Other _____

Total Expenses _____ Total Income _____ Minus Expenses _____ Balance _____
 Interviewer _____ Phone _____ Unit/Center _____

FOR OFFICIAL USE ONLY (Confidential)

Details of Family Need (write briefly)

I hereby certify that to the best of my knowledge the information contained herein is true, correct and complete. I give The Salvation Army permission to verify this information with public or private agencies. I also certify that I am in need of the requested services due to having no other financial resources.

Client's Signature: _____ Interview: _____