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Manna Units Change Form

Please use black ink and complete each section of this form. The information you provide here will be kept confidential and will only be used by Christian Care Ministry and its employees regarding your membership.

1 Applicant's Information (one form per person)

| | | | | | |
|------------|----------------|-------|-------|-------|--|
| NAME | Last | First | M.I. | DOB | SOCIAL SECURITY NUMBER |
| ADDRESS | CITY | | | STATE | ZIP+4 |
| HOME PHONE | WORK PHONE | | EMAIL | | |
| EMPLOYER | EMPLOYER PHONE | | | | <input type="checkbox"/> SELF EMPLOYED |

2 Manna Units Level Change

I would like to change my Manna Units Level.

Please choose your new Manna units below:

| | | MANNA SHARE = VARIABLE SHARE + ADMIN FEE | | | |
|-----------------------------|--------------------------------------|--|------------------------------|---------------------------|--|
| Units Elected (Choose One)* | Monthly Income Replacement (up to)** | Monthly Variable Share (up to***) | Monthly Admin Fee per Member | Monthly Manna Share (max) | |
| <input type="checkbox"/> 1 | \$2,200 | \$12 | \$10 | \$22 | |
| <input type="checkbox"/> 2 | \$4,400 | \$24 | \$10 | \$34 | |
| <input type="checkbox"/> 3 | \$6,600 | \$36 | \$10 | \$46 | |
| <input type="checkbox"/> 4 | \$8,800 | \$48 | \$10 | \$58 | |
| <input type="checkbox"/> 5 | \$11,000 | \$60 | \$10 | \$70 | |
| <input type="checkbox"/> 6 | \$13,200 | \$72 | \$10 | \$82 | |

* Max of 6
 ** Cannot exceed 80% of total monthly earned income
 *** May be less if less needs are submitted for sharing, will not be more as needs are pro-rated

Each member contributes monthly an administrative fee of \$10, which is used by CCM to administer the program, and a Variable Share Amount (VSA) of \$12 per unit elected, which is used to assist other members. Each unit elected represents up to \$2,200 of monthly financial assistance not to exceed 80% of the total earned income

I realize that by changing my units level, any needs incurred before my new effective date will be shared at my previous units level in accordance with the Manna Guidelines, Section V.

Signature _____ Date _____