

*FORM A*

**APPLICATION FOR ASSISTANCE**

Date of Application \_\_\_\_\_ Referred by \_\_\_\_\_

**1. General Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security number \_\_\_\_\_ US Citizen? \_\_\_\_\_

Marital Status \_\_\_\_\_ Rent or Own? \_\_\_\_\_ How long at this address? \_\_\_\_\_

Spouse/Co-Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse address (if not same as applicant) \_\_\_\_\_

**Assistance Requested** \_\_\_\_\_

Reason for request \_\_\_\_\_

Have you applied for local assistance before? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Under what name? \_\_\_\_\_

**List below all persons living in your household:**

Full Name Security #	Relationship	Date of Birth	Social
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If at your current address less than 12 months, please list past 12 month's addresses:

Street Residence	Town/City	State	Dates of
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. **Housing Information:**

Rent amount \_\_\_\_\_ per (month/week) \_\_\_\_\_ Date last paid \_\_\_\_\_ Date due \_\_\_\_\_

Do you have a current:  Demand For Rent  Notice to Quit  Landlord/Tenant

Writ

Total rent owed \_\_\_\_\_ Do you have a housing subsidy? \_\_\_\_\_

Utilities Included:  Heat  Electric  Gas  Water/Sewer

Other

LANDLORD: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

IF HOME-OWNER: Mortgage Amount \_\_\_\_\_ Date last paid \_\_\_\_\_ Owed \_\_\_\_\_

Bank/Mortgage Co \_\_\_\_\_ Address \_\_\_\_\_

3. **Education / Training / Employment**

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
Applicant:	_____	_____	_____	_____
Spouse/Co-Applicant:	_____	_____	_____	_____

**Applicant Work History:**

Are you employed now? \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_

When began work \_\_\_\_\_ Date/Amount of most recent check \_\_\_\_\_

Are you unemployed now? \_\_\_\_\_ Reason \_\_\_\_\_

Date last worked \_\_\_\_\_ Employer \_\_\_\_\_ Date/Amount last check \_\_\_\_\_

Are you able to work now? \_\_\_\_\_ If not able, why not? \_\_\_\_\_

**Current and two most recent jobs of yourself and all household members aged 18 & older:**

<u>for</u> <u>Name</u>	<u>Employer</u> <u>Leaving</u>	<u>Pay</u>	<u>Weekly/</u> <u>Biweekly</u>	<u>Employment</u> <u>Dates</u>	<u>Reason</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**4. Household Assets:**

**Provide information regarding accounts held by you and all household members:**

<u>Checking</u> <u>Name</u> <u>Balance</u>	<u>Bank/Credit Union</u>	<u>Savings</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Provide current value of any assets held by you and all household members:**

Cash on hand (all household combined) \_\_\_\_\_ Certificates of Deposit (CD's) \_\_\_\_\_  
 Savings Bonds \_\_\_\_\_ Mutual Funds \_\_\_\_\_ Annuities \_\_\_\_\_ Stocks \_\_\_\_\_  
 Trust Funds \_\_\_\_\_ Retirement Accounts \_\_\_\_\_ Insurance Policies (cash value) \_\_\_\_\_  
 401k \_\_\_\_\_ Property other than primary residence \_\_\_\_\_ Location \_\_\_\_\_  
 Other Investments \_\_\_\_\_ Motorcycles/Boats/Snowmobiles/ATV's/RV's \_\_\_\_\_

Other Assets (please list) \_\_\_\_\_

**Claims/settlements/income due to you or any household member:**

IRS Refund \_\_\_\_\_ Insurance Claim \_\_\_\_\_ Retroactive disability check \_\_\_\_\_

Retroactive Unemployment or Worker's Compensation check \_\_\_\_\_ Inheritance \_\_\_\_\_

Other Lump Sum Payment (explain) \_\_\_\_\_

**Have you or any household member consulted a lawyer regarding a possible lawsuit?**

Lawyer Name/Address \_\_\_\_\_

Reason \_\_\_\_\_

**Do you or any household member have a lawsuit pending?** \_\_\_\_\_ Who? \_\_\_\_\_

Please give details \_\_\_\_\_

Lawyer Name/Address \_\_\_\_\_

**Motor vehicles owned by you and all household members:**

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>
	<u>Insurance</u>				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**5. Household Income**

Indicate any benefits or income received or applied for by you or any household member:

	Name	Date	Date Last
	Monthly	Applied	Received
	Amount		
ANB (Aid to the Needy Blind)	_____	_____	_____
APTD	_____	_____	_____
Child Support	_____	_____	_____
Disability (Employer)	_____	_____	_____
Food Stamps	_____	_____	_____

Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Workers' Compensation	_____	_____	_____	_____
Other: [                    ]	_____	_____	_____	_____

**Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?**

<u>Name</u>	<u>Agency Name</u>	<u>Contact Person</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. Household Expenses**

List actual or estimated regular monthly expenses. (Not all expenses will be allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Prescriptions _____

Cable/Internet _____	Food _____	Rent _____
Child Support Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

**List unplanned, emergency or irregular periodic expenses during the past 30 days:**

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Repair _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

**7. Criminal Information**

Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) \_\_\_\_\_ If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
 Town/City & State of conviction \_\_\_\_\_ Details of conviction: \_\_\_\_\_  
 Are you or any member of your household presently on parole or probation? (yes/no) \_\_\_\_\_  
 If yes, who? \_\_\_\_\_ Court or jurisdiction? \_\_\_\_\_  
 Name & phone number of parole/probation officer \_\_\_\_\_

**8. Liability for Support Information**

Please provide following details:

Your father \_\_\_\_\_ Address \_\_\_\_\_  
 Your mother \_\_\_\_\_ Address \_\_\_\_\_  
 Co-applicant father \_\_\_\_\_ Address \_\_\_\_\_  
 Co-applicant mother \_\_\_\_\_ Address \_\_\_\_\_  
 Your or co-applicant's adult children \_\_\_\_\_

**9. Certifications and Signatures**



I understand that if I receive assistance from the municipality I may be required to participate in the welfare work ("workfare") program. RSA 165:31.

I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed, if I am returned to an income status which enables me to reimburse without financial hardship. RSA 165:20-b.

I understand that if I am assisted the municipality may place a lien against any real property which I own. RSA 165:28.

I hereby certify that if I have a lawsuit, workers' compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. RSA 165:28-a.

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification, RSA 641:3 and/or Theft By Deception. RSA 637:4, :11.

I understand that any relative in the line of father, mother, step-father, step-mother, son, daughter, husband, or wife may be called upon to provide my needed assistance if they can do so without financial hardship to them. RSA 165:19.

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. RSA 165:1-d.

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. RSA 165:1-e.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

*FORM B*

**AUTHORIZATION FOR THE RELEASE OF INFORMATION –  
DHHS**

I, \_\_\_\_\_, the undersigned, understand that from time to time,

Print Your Name

the local welfare administrator for \_\_\_\_\_ may require certain information about

Town/City

assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called "deeming"
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

**I understand that** I have the option to provide any or all of the requested information myself.

**I understand that** any use of the above information inconsistent with these purposes is forbidden.

**I understand that** the local welfare administrator may not release information provided under this authorization to any other person without my written permission.



**This authorization shall expire 180 days from the date it is signed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

\_\_\_\_\_  
Relationship to You  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_

*FORM C*

**NOTICE OF RIGHTS OF ANYONE RECEIVING  
ASSISTANCE  
FROM THE MUNICIPALITY OF \_\_\_\_\_**

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
5. You have a right to have a hearing to present your case.
6. You have a right have your assistance continued if you are already receiving assistance when you request a fair hearing.
7. You have a right to review the information in your file before your hearing.
8. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
9. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
10. You have a right to refuse to participate in municipal workfare program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

*FORM D*

**APPLICANT'S AUTHORIZATION TO  
FURNISH INFORMATION**

I/We, \_\_\_\_\_, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form (if not applicant); Relationship to applicant

\_\_\_\_\_  
Date

*FORM E*

**APPLICANT'S AUTHORIZATION TO  
FURNISH INFORMATION**  
(specific agency/individual)

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes \_\_\_\_\_, town/city of \_\_\_\_\_ welfare official, to obtain information from \_\_\_\_\_ regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Welfare Official

*FORM F*

**REQUIRED VERIFICATIONS**

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

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

Social Security Number: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**YOUR APPOINTMENT IS SCHEDULED FOR:**

\_\_\_\_\_

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:

- \_\_\_\_\_ Completed Application Form A
- \_\_\_\_\_ Rental Verification Form J and copy of any written lease agreement
- \_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages for all adult members of household
- \_\_\_\_\_ Last four weeks receipts or other proof of bills paid or currently due, utility disconnect notices
- \_\_\_\_\_ Employment verification Form I from your employer
- \_\_\_\_\_ Employment termination Form I from your last employer
- \_\_\_\_\_ You have applied for / are receiving Social Security benefits
- \_\_\_\_\_ You have applied at the HHS District Office for:
  - Emergency Food Stamps       Food Stamps       TANF
  - Title XX Daycare       APTD/MA       OAA
  - TANF Emergency Assistance
- \_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits
- \_\_\_\_\_ Verification of injury or illness Form H
- \_\_\_\_\_ You have applied for / are receiving Unemployment Compensation
- \_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)
- \_\_\_\_\_ Vehicle registration
- \_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks



\_\_\_\_\_ Statement child support payments received / Child support court-ordered payments made

\_\_\_\_\_ Statement from room-mate(s) regarding division of expenses

Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

\_\_\_\_\_  
Welfare Staff signature

\_\_\_\_\_  
Applicant signature

FORM G

**INTAKE FORM**

(to be completed at the time of each request for assistance)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Maiden

ADDRESS: \_\_\_\_\_  
Street / # / Apartment Town

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME? \_\_\_\_\_

\_\_\_\_\_  
NAMES AND AGES OF ALL HOUSEHOLD MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME. THIS INCLUDES CASH, SAVINGS AND CHECKING ACCOUNTS:

\_\_\_\_\_  
\_\_\_\_\_

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST VISIT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a crime.**

\_\_\_\_\_  
SIGNATURE

*FORM G*  
**REQUIRED VERIFICATIONS**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**YOUR APPOINTMENT IS SCHEDULED FOR:**

\_\_\_\_\_

You must provide the following verification/documentation at this appointment  
or assistance may be delayed or denied:

- \_\_\_\_\_ Completed Application Form A
- \_\_\_\_\_ Rental Verification Form J and copy of any written lease agreement
- \_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages for all adult members of household
- \_\_\_\_\_ Last four weeks receipts or other proof of bills paid or currently due, utility disconnect notices
- \_\_\_\_\_ Employment verification Form I from your employer
- \_\_\_\_\_ Employment termination Form I from your last employer
- \_\_\_\_\_ You have applied for / are receiving Social Security benefits
- \_\_\_\_\_ You have applied at the HHS District Office for:
  - Emergency Food Stamps       Food Stamps       TANF
  - Title XX Daycare       APTD/MA       OAA
  - TANF Emergency Assistance
- \_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits
- \_\_\_\_\_ Verification of injury or illness Form H
- \_\_\_\_\_ You have applied for / are receiving Unemployment Compensation
- \_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)
- \_\_\_\_\_ Vehicle registration

- \_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks
- \_\_\_\_\_ Statement child support payments received / Child support court-ordered payments made
- \_\_\_\_\_ Statement from room-mate(s) regarding division of expenses
- Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

\_\_\_\_\_  
Welfare Staff signature

\_\_\_\_\_  
Applicant signature

*FORM I*  
**EMPLOYMENT VERIFICATION FORM**

To Employer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**For the purpose of administration of municipal assistance, the following information is required for:**

\_\_\_\_\_ [name of employee]

Date of Hire \_\_\_\_\_ Date starting/started work \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_

Full/part time \_\_\_\_\_ Hours per week \_\_\_\_\_ Paid  weekly  biweekly

other \_\_\_\_\_

Date of first/most recent paycheck \_\_\_\_\_ Net amount \_\_\_\_\_

=====

If \_\_\_\_\_ is no longer employed by your company:

Date of termination/separation \_\_\_\_\_ Date/net amount of last paycheck \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of immediate supervisor or person completing form \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of information regarding my employment to the welfare official of the town/city of \_\_\_\_\_.

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



*FORM J*  
**RENTAL VERIFICATION FORM**

*THIS FORM MUST BE COMPLETED BY THE LANDLORD*

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number/Street) (Apt. #) (City) (State)

Number of adults in apartment: \_\_\_\_\_ Number of children in apartment: \_\_\_\_\_

List of people in apartment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupancy date: \_\_\_\_\_ Security Deposit: Amount: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Rent amount: \$ \_\_\_\_\_ ; paid  monthly  weekly  other \_\_\_\_\_

If subsidized rent, please list tenant portion: \$ \_\_\_\_\_

Rent Includes:  All utilities  No Utilities  Hot Water  Heat  Electric

Type of Heat:  Electric  Oil  Gas  Other

Date last rent was paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Back rent owed: \$ \_\_\_\_\_

*(if back rent is owed, please attach accounting of months and amounts)*

**For IRS reporting, landlord's Tax ID or Social Security # must be provided:**

Tax ID #: \_\_\_\_\_ OR Social Security #: \_\_\_\_\_

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

**CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)**

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Telephone / Fax Numbers

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Name of Manager or other Representative

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date