

APPLICATION FOR ASSISTANCE

DATE: _____

NAME: _____

ADDRESS: _____ TELEPHONE: _____

REQUEST FOR ASSISTANCE (INCLUDE APPROXIMATE COSTS)

REQUEST

AMOUNT

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MARITAL STATUS: _____ DATE OF MARRIAGE/DIVORCE: _____

SPOUSE'S NAME: _____

ADDRESS: _____ TELEPHONE: _____

NUMBER OF PEOPLE IN HOUSEHOLD (LIST ALL PERSONS LIVING WITH YOU)

NAME

RELATIONSHIP

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOU RENT, PLEASE ANSWER THE FOLLOWING QUESTIONS:

AMOUNT OF RENT: _____ PER WEEK/MONTH (CIRCLE ONE) DATE DUE: _____

DATE LAST PAID: _____

UTILITIES INCLUDED? NONE: _____ HEAT: _____ ELECTRIC: _____ WATER: _____ OTHER: _____
(CHECK THOSE THAT APPLY)

NAME OF LANDLORD: _____ TELEPHONE: _____

LANDLORD'S ADDRESS: _____

IF YOU OWN, PLEASE ANSWER THE FOLLOWING QUESTIONS:

AMOUNT OF MORTGAGE: _____ PER MONTH DATE DUE: _____

DATE OF LAST MORTGAGE PAYMENT: _____

LIST ALL PAYMENTS INCLUDED IN MORTGAGE (EG: INSURANCE, TAXES)

NAME OF BANK/MORTGAGE COMPANY: _____

ADDRESS: _____

LIST ALL OF YOUR ADDRESSES FOR THE PAST TWO YEARS (STREET, TOWN AND STATE)

EDUCATION:

LAST SCHOOL GRADE COMPLETED: APPLICANT: _____ SPOUSE/CO-APP: _____

GED OBTAINED: APPLICANT: _____ SPOUSE/CO-APP: _____

POST HIGH SCHOOL COURSES/DEGREES OR SPECIAL TRAINING/JOB SKILLS:

APPLICANT: _____

SPOUSE/CO-APP: _____

WORK RECORD OF APPLICANT:

EMPLOYED NOW? _____ WHERE: _____

POSITION: _____ WHEN BEGIN WORK: _____

UNEMPLOYED NOW? _____ REASON: _____

LAST DAY WORKED _____ WHERE: _____

AMOUNT AND DATE OF LAST PAYCHECK: _____

ARE YOU ABLE TO WORK NOW? _____ IF NOT ABLE, WHY? _____

WORK HISTORY (APPLICANT): FOR THE LAST 5 YEARS, LIST ALL EMPLOYERS, DATES OF EMPLOYMENT, POSITION AND REASON FOR LEAVING.

WORK HISTORY OF SPOUSE/CO-APP/OTHER HOUSEHOLD ADULTS:

EMPLOYED NOW? _____ WHERE: _____

POSITION: _____ DATE STARTED: _____

UNEMPLOYED NOW: _____ REASON: _____

DATE LAST WORKED: _____ WHERE: _____

AMOUNT AND DATE OF LAST PAY CHECK: _____

ARE YOU ABLE TO WORK NOW? _____ IF NOT ABLE, WHY? _____

HOUSEHOLD INCOME:

(You or any member of your household)

	YES	NO	AMOUNT
AFDC, APTD, OAA	_____	_____	_____
WORKERS COMPENSATION	_____	_____	_____
SSI	_____	_____	_____
SOCIAL SECURITY	_____	_____	_____
PENSION	_____	_____	_____
ANNUITY OR TRUST FUND	_____	_____	_____
INCOME FROM RELATIVES OR BOARDERS	_____	_____	_____
UNEMPLOYMENT COMPENSATION	_____	_____	_____
CHILD SUPPORT	_____	_____	_____
FOOD STAMPS	_____	_____	_____
OTHER (SOURCE AND AMOUNT)	_____	_____	_____

HAVE YOU EVER RECEIVED ANY KIND OF PUBLIC ASSISTANCE?

SOURCE: _____

WHEN: _____

DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING RESOURCES?

SAVING ACCOUNT (BANK/AMOUNT): _____

CHECKING ACCOUNT (BANK/AMOUNT): _____

CASH ON HAND (AMOUNT): _____

STOCKS/BONDS/SECURITIES (AMOUNT): _____

REAL ESTATE (OTHER THAN LISTED ABOVE): _____

MOTOR VEHICLE (S) (YEAR, MAKE AND PAYMENTS FOR EACH): _____

OTHER: _____

DO YOU EXPECT TO RECEIVE A TAX REFUND OR ANY TYPE OF SETTLEMENT? _____

HOUSEHOLD EXPENSES:

RENT/BOARD/MORTGAGE: _____ PER MONTH/WEEK DATE DUE: _____

FOOD (WEEKLY) _____

HEAT _____

ELECTRIC _____

DUE DATE _____

TELEPHONE _____

DUE DATE _____

WATER/SEWER _____

DUE DATE _____

MEDICAL _____

TRANSPORTATION (WEEKLY) _____

OTHER EXPENSES: _____

IN ACCORDANCE WITH RSA 165:19, PLEASE PROVIDE THE FOLLOWING INFORMATION:

APPLICANT'S FATHER: _____ ADDRESS: _____

EMPLOYER: _____ DOES HE OWN REAL ESTATE? _____

APPLICANT'S MOTHER: _____ ADDRESS: _____

EMPLOYER: _____ DOES SHE OWN REAL ESTATE? _____

SPOUSE/CO-APP FATHER: _____ ADDRESS: _____

EMPLOYER: _____ DOES HE OWN REAL ESTATE? _____

SPOUSE/CO-APP MOTHER: _____ ADDRESS: _____

EMPLOYER: _____ DOES SHE OWN REAL ESTATE? _____

CERTIFICATION

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge and belief and provides an accurate summary of my situation, assets and needs. All information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief.

I understand I may have to provide documents and/or other forms or verification to prove the information asked on the application.

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

Applicant Name (PRINT)

Applicant's Signature

Spouse/Co-applicant Name (PRINT)

Spouse/Co-applicant's Signature

Date

REIMBURSEMENT AGREEMENT

I acknowledge that I may be required to repay any assistance provided if I am returned to an income status, which enables me to reimburse the town/city without financial hardship.

Signature of Applicant

Signature of Spouse/Co-applicant

I agree that if I have a lawsuit, worker's compensation claim, or aid from any other social services agency not pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency, which may be handling this claim on my behalf. I further agree to notify the Welfare Official immediately upon the receipt of any money from such claim or upon the settlement of such claim.

Name: _____
Address: _____

Name: _____
Address: _____

Phone: _____

Phone: _____

Signature of Applicant

Signature of Spouse/co-applicant

Date

Date

INFORMATION RELEASE

I understand that as part of the administration of this program, the Town may verify information I have provided on the application and any other information that would affect my eligibility. My signature below authorized the Town to obtain verification from any person or organization having information concerning my circumstances, including any relative, physician, lawyer, banker, employer, or insurance company, and authorizes release of such information to the Town. A photocopy of this signed release may be used in place of an original.

Applicant Name (PRINT)

Applicant's Signature

Spouse/Co-applicant Name (PRINT)

Spouse/Co-applicant's Signature

Date

Date