

Town Assistance Instruction Sheet

1. **Read.** Read these instructions and the application carefully. Answer all questions.
2. **Application.** Fill out application completely. If information does not apply to your situation, indicate this by writing "N/A" in the appropriate spaces on the application form.
3. **Document emergency.** Town Assistance is an emergency assistance program and you must document the emergency you are facing. For example, you must provide a shut-off notice (for electricity), a foreclosure notice, notice to quit, or demand for rent (for rental or mortgage assistance) to qualify for assistance under this program. Some emergency situations are difficult to document (such as the need for food, a family or individual facing homelessness, or fuel for heat) and are handled on a case-by-case basis.
4. **Relatives must assist, if possible.** *New Hampshire State Law* provides that in *certain cases, close relatives may be liable to provide you support.* See: Title XII, Chapter 165:19 of Revised New Hampshire Statutes Annotated (Liability for Support). Be certain to provide information about your relatives on the application.
5. **Document rent/mortgage expense.** Have your landlord complete the Rental Verification Form completely. This form is part of the application. Homeowners: provide a current mortgage statement. *New Hampshire State Law* provides that towns *may place a lien on real property for assistance granted to property owners.* See: Title XII, Chapter 165:28 of Revised New Hampshire Statutes Annotated (Liens on Real Property).
6. **Sign and date application.** Sign and date the application where indicated. If you are married, your spouse must also sign.
7. **Schedule an appointment.** Call the following number to schedule an appointment;
Sunapee: (603) 763-2212 Fax 763-4925
8. **Document income.** Gather documentation on income during the past 30-day period for all members of your household (pay stubs, statement from employer indicating wages, statement of benefits from state/federal sources, etc.). *Bring this documentation to your appointment.*
9. **Document assets.** Gather documentation on assets for all members of your household (checking/savings account statements, cash on hand, child support payments, vehicle registrations, retirement accounts, etc.). Also, gather documentation on any state, local, or federal benefits or programs that you are receiving (fuel assistance, food stamps, WIC, Section 8 housing, or other benefits). *Bring this documentation to your appointment.*
10. **Document basic living expenses.** Gather documentation on basic living expenses for all members of your household during the past 30-day period (electric bills, Rental Verification Form, heating expenses, or other proof of basic living expenses). *Bring this documentation to your appointment.*
11. **Identification.** Gather identification materials for all members of your household (photo identification is preferable for adults, birth certificates or social security cards for children are acceptable). *Bring this documentation to your appointment.*
12. **Medication assistance.** If you are requesting medication assistance, have your medical provider fill out the Medication Expense Verification Form. *Bring this documentation to your appointment.*
13. **Cancellations and other concerns.** Call the number listed above if you cannot keep your appointment so that other applicants can have the opportunity to meet with the Town Welfare Administrator.
 - **Failure to read these instructions and supply the necessary documentation may cause a delay in processing your application.**
 - **Do not turn in the application (or any documentation) before your scheduled appointment.**

SUNAPEE, NEW HAMPSHIRE 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

_____ Rental Verification Form

_____ Last four weeks pay-stubs or other proof of net wages

_____ Last four week's receipts or other proof of bills paid or currently due

_____ Employment verification form from your employer

_____ Employment termination form 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

_____ 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 order

_____ 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

**SUNAPEE, NH GENERAL ASSISTANCE PROGRAM
NOTICE OF RIGHTS AND RESPONSIBILITIES**

As an applicant for General Assistance, you have the following **rights**;

1. To make a written application for assistance, even if the Welfare Officer tells you that you will not be eligible.
2. To receive a prompt, written decision telling you whether or not you will receive assistance each time you apply for assistance. You have the right to receive this written decision within seven (7) days from the date that your application is complete.
3. To have, in writing, the reason why you have been denied assistance or granted partial assistance.
4. To appeal any assistance decision that you do not agree with. You must appeal within five (5) working days after you receive your decision or five (5) working days after your application is deemed withdrawn.
5. To have a fair hearing to present your case.
6. To have your assistance continued if you are receiving assistance and you request a fair hearing.
7. To review the information in your file before the fair hearing.
8. To see the guidelines used by the Welfare Officer in making the decision on your application.
9. To be given a written "Notice of Conditions" before you can be suspended from receiving assistance for failing to comply with the guidelines.
10. To refuse to work for the Town or find a job if you care for a child under the age of 5, if you are disabled or ill, or if you must take care of a family member who is disabled or ill.

As an applicant for General Assistance, you have the following **responsibilities**;

1. To truthfully fill out and return a completed application form along with all supporting documentation requested by the Welfare Official. Failure to do so within seven (7) days will result in your request for assistance being deemed withdrawn or denied.
2. To provide accurate, complete and current information concerning the needs and resources of relatives who may be responsible for you under RSA 165:19.
3. To notify the Welfare Official within 72 hours when a change in needs or resources may affect eligibility for continued assistance.
4. To apply for and utilize any benefits or resources, public or private, that will reduce or eliminate the need for General Assistance within seven (7) days of application.
5. To keep all appointments as scheduled.
6. To notify the Welfare Official within 72 hours of a change in address and any change to the members of the household.
7. To diligently search for employment and provide verification of application for employment when requested – following a determination of eligibility for assistance.
8. To accept employment when offered – following a determination of eligibility for assistance.
9. To provide a doctor's statement if you claim to be unable to work due to medical problems.
10. To participate in the welfare work program if you are physically and mentally able – following determination of eligibility for assistance.

ONE MUST NOT VOLUNTARILY LEAVE A JOB WITHOUT GOOD CAUSE

Applicants for Town Assistance who voluntarily leave a job without good cause within 60 days of applying for Town Assistance and having received local assistance with the past 365 days may be disqualified from receiving assistance for 90 days from the date of voluntary quit. Such sanction shall not affect applicants who are responsible for supporting their minor children within their household or those mentally or physically unable to work.

Any sanctioned applicant must have received prior notice that a voluntary job quit without good cause may result in a temporary eligibility cut off. Likewise, they must receive a written "Notice of Decision" per RSA 165:1-d.

I understand that quitting a job voluntarily, or not reporting to work without a good cause, leading to employment termination, may result in a potential 90-day period of local town assistance ineligibility.

Applicant Date

Co-Applicant Date

Sunapee Department of Health & Human Services
23 Edgemont Rd. • Sunapee, NH 03782

Tel.: (603) 763-2212 • Fax (603) 763-4925

**SUNAPEE, NEW HAMPSHIRE
EMPLOYMENT VERIFICATION FORM**

To Employer _____ **Date** _____

Address _____

Phone _____

I _____ authorize the above employer to release information regarding
past/present employment.

Employee Signature

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

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RENTAL VERIFICATION FORM

This form **MUST** be completed and signed by the PROPERTY OWNER/MANAGER.

Tenant's Name: _____ Date: _____

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

Number of Household Members: _____

List of Household Members: _____

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

Rent amount: \$ _____; paid ☐ monthly ☐ weekly ☐ other _____

If subsidized rent, please list tenant portion: \$ _____ **NUMBER OF BEDROOMS:** _____

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 and/or utilities are owed, please attach accounting of last 12 months/when paid, and amounts)

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

Tax ID #: _____ OR Social Security #: _____

Payments can only be made to owner listed on lease or town records.

Property Owner Name: _____

Address: _____

Telephone: _____

Property Owner Signature: _____ Date: _____

Property Manager Name: _____

Address: _____

Telephone: _____

Property Manager Signature: _____ Date: _____

APPLICANT ONLY

AUTHORIZATION TO RELEASE INFORMATION

(Sunapee, New Hampshire—APPLICANT ONLY)

I, _____ of the town of Sunapee, New Hampshire, County of Sullivan, being an applicant for Town Assistance under the laws of the State of New Hampshire, RSA 165 *et seq.*, hereby authorize and request any relative, health care provider, banker, financial firm or organization, fiscal officer, police officer, parole officer, employer, utility company, fraternal order, Social Security Office, Church, minister, priest, State or local welfare department or human services department, local or regional community action program (CAP), shelter program, or any other person, firm, association, or organization having any information concerning my circumstances as they may relate to eligibility for Town Assistance to furnish such information to the *Welfare Official* of Sunapee, New Hampshire. I also authorize the *Welfare Official* of Sunapee, New Hampshire to release information to other Welfare and Social Service agencies, or any other person, firm, association, or organization involved in the servicing of my case. A photocopy or facsimile of this release may be used in place of the original.

By signing below, I, _____, indicate that I have: (1) read this authorization; and (2) approved this authorization.

Signature

Date

Social Security Number

Date of Birth

Address

Sunapee Welfare Official's Printed Name / *Sunapee of Sunapee Welfare Official*

Sunapee Department of Health & Human Services
23 Edgemont Rd. • Sunapee, NH 03782
Tel.: (603) 763-2212 • Fax (603) 763-4925

CO-APPLICANT ONLY

AUTHORIZATION TO RELEASE INFORMATION

(~~Sunapee, New Hampshire~~—CO-APPLICANT ONLY)

I, _____ of the town of Sunapee, New Hampshire, County of Sullivan, being an applicant for Town Assistance under the laws of the State of New Hampshire, RSA 165 *et seq.*, hereby authorize and request any relative, health care provider, banker, financial firm or organization, fiscal officer, police officer, parole officer, employer, utility company, fraternal order, Social Security Office, Church, minister, priest, State or local welfare department or human services department, local or regional community action program (CAP), shelter program, or any other person, firm, association, or organization having any information concerning my circumstances as they may relate to eligibility for Town Assistance to furnish such information to the *Welfare Official* of Sunapee, New Hampshire. I also authorize the *Welfare Official* of Sunapee, New Hampshire to release information to other Welfare and Social Service agencies, or any other person, firm, association, or organization involved in the servicing of my case. A photocopy or facsimile of this release may be used in place of the original.

By signing below, I, _____, indicate that I have: (1) read this authorization; and (2) approved this authorization.

Signature

Date

Social Security Number

Date of Birth

Address

Sunapee Welfare Official's Printed Name / *Signature of Sunapee Welfare Official*

SUNAPEE, NEW HAMPSHIRE MEDICAL RELEASE AND REPORT

APPLICANT NAME: _____ SS#: _____ DOB: _____

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department, or its authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

APPLICANT SIGNATURE

DATE

TO THE PHYSICIAN OR CLINIC:

The person named above has indicated that he/she is currently in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Municipality also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? _____

What is the nature and extent of this individual's limitations? _____

Is this person disabled? No ☐ Yes ☐ (If yes, please clarify below)
☐ Temporarily ☐ Permanently ☐ Partially ☐ Totally

Date incapacity began: _____ Expected to end: _____

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: _____

Medications Prescribed: _____

Physician's Printed Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

Physician's Address: _____

Thank you for taking the time to complete this form

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SUNAPEE, NH

MEDICATION EXPENSE VERIFICATION FORM

The below named applicant has applied to the Sunapee, NH Town Welfare Office for assistance with medication. This form is needed to verify medication information.

Name of applicant: _____

Date of Birth of applicant: _____

Below, please list medications, dosage, and purpose of medication:

	<u>Name of medication*</u>	<u>dosage</u>	<u>purpose of medication</u>
1.			
2.			
3.			
4.			
5.			

I, _____, *Health Care Provider*, certify that the above-referenced

Medication(s) is absolutely necessary for the above-named patient and that if the above-named patient went without the above-referenced medication it will create a significant risk that the above-named patient's well-being will be placed in serious jeopardy.

**Are "generic" medications available for this patient?*

☐ Yes ☐ No

**If so, please prescribe the generic equivalent.*

Has the patient been referred to the Medication Bridges Program?

☐ Yes ☐ No

Are pharmaceutical samples available to the patient?

☐ Yes ☐ No

Signature of Health Care Provider

Please provide Health Care Provider Contact Information (Print!):

Sunapee Department of Health & Human Services
23 Edgemont Rd. • Sunapee, NH 03782
Tel.: (603) 763-2212 • Fax (603) 763-4925

REIMBURSEMENT AGREEMENT

I agree to reimburse the Town of Sunapee, New Hampshire, for Welfare Assistance if possible at some future date.

Such recovery of these expenses will be through a program of repayment per RSA 165:20B.

Applicant's Signature *Date*

Co-Applicant's Signature *Date*

I agree that if I have a lawsuit or receive aid from any other social service agency now pending disposition I will list the name, address and phone number of my insurance company for 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, or upon the settlement of such claims.

Name: _____ Telephone # _____

Address : _____

Applicant's Signature *Date*

Co-Applicant's Signature *Date*

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SUNAPEE, NH WELFARE LIENS

1. Real Estate (RSA 165:28)

The law requires the Town to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause. (This section does not authorize the placement of a lien on the real estate of legally liable relatives, as defined by RSA 165:19). The selectmen shall file a "Notice of Lien" with the County Registry of Deeds, complete with the owner's name and description of the property sufficient to identify it. Interest at the rate of six percent (6%) per year shall be charged on the amount of money constituting the lien, commencing one year after the date the lien is filed – unless waived by the municipality. The lien remains in effect until enforced or released, or until the amount of the lien is prepaid to the sole residence of the assisted person, his/her surviving spouse, or his/her surviving children who are under the age of eighteen, blind, or permanently and totally disabled. Upon repayment of a lien, the municipality must file written notice of the discontinuance of the lien with the County Registry of Deeds.

2. Civil Judgement (RSA 165:28-a)

- a. A town or city shall be entitled to a lien upon property passing under the terms of a will or by in testate succession, a property settlement, or a civil judgement for personal injuries (except workers compensation) awarded any person granted assistance by the town or city for the amount of assistance granted by the town or city.
- b. The town or city shall be entitled to the lien only if the assistance was granted no more than six (6) years before the recipient of the inheritance or the award of the property settlement of civil judgement.
- c. This lien shall take precedence over all other claims.
- d. Liens may be enforced by the filing of a bill in equity.

I understand that by accepting assistance from the Town of Sunapee, New Hampshire, I will have a lien placed upon the property I own located at _____. This lien shall be discharged after I have repaid the Town of Sunapee for this assistance.

Applicant's Signature

Co-Applicant's Signature

Date

Sunapee Department of Health & Human Services
23 Edgemont Rd. • Sunapee, NH 03782

Tel.: (603) 763-2212 • Fax (603) 763-4925

Pursuant to RSA 165:19

_____ Age _____

HOUSEHOLD INCOME AND ASSETS

Gross Monthly Income \$ _____ Net Monthly Income \$ _____

Total Income Last Year \$ _____ Source(s) \$ _____

Savings Account Bal \$ _____ Checking Account Bal \$ _____

Stocks, Bonds, CDs \$ _____ Other \$ _____

Food Stamps \$ _____ Child Support \$ _____

HOUSEHOLD EXPENSES

Cable/Internet \$ _____ Child Support \$ _____ Car Gasoline \$ _____

Car Insurance \$ _____ Car Payment \$ _____ Child Care \$ _____

Credit Card \$ _____ Electric \$ _____ Food \$ _____

Fuel Oil \$ _____ Gas, Propane \$ _____ Health Ins. \$ _____

Life Ins \$ _____ Loan \$ _____ Lot Rent \$ _____

Mortgage \$ _____ Prescriptions \$ _____ Rent \$ _____

Student Loan \$ _____ Telephone \$ _____ Home/Renter Ins \$ _____

Medical \$ _____ Property Tax \$ _____ Water/Sewer \$ _____

Other _____

Total Monthly Income: \$ _____ Total Monthly Expenses: _____

I have read and I understand the attached RSA 165:19

<div style="display: flex; justify-content: space-between;"> Signature Date </div>	<div style="display: flex; justify-content: space-between;"> Signature Date </div>
--	--

Date

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**SUNAPEE, NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES**

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Address _____

Telephone (H) _____ (W) _____ (C) _____

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

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

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

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

	<u>Highest Grade Attended</u>	<u>G.E.D. or Diploma</u>	<u>Special Training or Skills</u>	<u>Military Service</u>
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 you and all household members aged 18 & older:

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

4. Household Assets:

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

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>	<u>Checking</u> <u>Balance</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? If so:

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 Applied	Date Last Received	Monthly 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)	_____	_____	_____	_____
Worker's 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 or 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 Repairs _____	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, worker's 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 165-28a)

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 Un-sworn Falsification (RSA 641:3)

I understand that if I obtain a job after the municipality assists me, 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

Signature of person completing form (if not applicant)

Date

TITLE XII PUBLIC SAFETY AND WELFARE

CHAPTER 165 AID TO ASSISTED PERSONS

Liability for Support, and Recovery Over

Section 165:19

165:19 Liability for Support. – The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance, which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

Source. RS 66:8. CS 70:8. GS 74:8. GL 82:8. PS 84:12. 1925, 112:1. PL 106:22. 1933, 65:1. RL 124:18. RSA 165:19. 1973, 115:1. 1985, 380:11, eff. Jan. 1, 1986.

Relatives are responsible for your assistance -- before the town.

**Applicants can be asked to justify what support relatives are supplying, and/or justify why assistance is not being provided.
This may require financial information from relatives.**