

REQUIRED VERIFICATIONS

Your Name: _____ Appointment Date: _____

HOW IT WORKS

BEFORE YOUR APPOINTMENT:

- Ask your bank to fax all bank statements for the LAST 4 WEEKS to 899-2101
- Ask employer(s) to fax pay stubs for everyone age 18+ for the LAST 4 WEEKS to 899-2101
- Ask PSNH to fax most current bill for the LAST 4 WEEKS to 899-2101
- Ask your childcare provider to fax statement for the LAST 4 WEEKS to 899-2101

WHAT TO BRING

- _____ This completed and signed application, sign the last 2 pages
- _____ Copy of Rental lease or Mortgage payment statement
- _____ **LAST 4 WEEKS PAYSTUBS FOR EVERYONE OVER 18** (if they weren't faxed)
- _____ **LAST 4 WEEKS ONLY** of Unemployment checks or unemployment notice
- _____ **ALL PAGES: MOST CURRENT** electric bill (if it wasn't faxed by PSNH)
- _____ **ALL PAGES: MOST RECENT** Savings/Checking/Retirement accounts (if they weren't faxed)
- _____ List from pharmacy of medications for **LAST 4 WEEKS ONLY**
- _____ Proof of payment for fuel oil, propane, kerosene, or pellets **IN LAST 4 WEEKS ONLY**
- _____ Proof of Childcare expenses paid in **LAST 4 WEEKS** (get from daycare provider)
- _____ Proof of car repairs (receipts) **PAID IN LAST FOUR WEEKS**
- _____ Social Security or Disability benefits notice
- _____ TANF, Food Stamps, APTD award letters
- _____ Bill for Health Insurance if it is not taken out of your paycheck
- _____ Child Support Order of payments **received or paid**
- _____ Worker's Compensation payment notice
- _____ Rental income statement
- _____ Tax Refund amount and date received
- _____ Statement from room-mate(s) of division of expenses

You may apply for assistance once per month - for the month we are in. Assistance is not ongoing. If you think you need help next month, apply next month. Bring the documents on this list to your appointment.

2011 APPLICATION FOR GENERAL ASSISTANCE

Today's Date _____ Telephone: _____

Name _____ Date of Birth _____

Spouse/Co-Applicant Name _____ Date of Birth _____

Address _____ Rindge, NH 03461 Email: _____

Telephone _____ Social Security number _____ US Citizen? _____

Marital Status _____ Rent or Own? _____ How long at this address? _____

Help Needed: _____ Rent _____ Electric _____ Heat _____ Food _____ Medications _____ Other: _____

Have you applied for assistance in another town? _____ When? _____

List below all persons living in your household :

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

How many days of the MONTH does your child(ren) live with you? _____

Does someone in your house have an alcohol or substance use problem? _____ No _____ Possibly

If yes, would you like some confidential resources to call? _____ yes _____ no thank you

2. HOUSING INFORMATION:

A. RENTERS: \$ _____ / month. Total amount due: _____

Do you have a : Demand For Rent Notice to Quit Eviction Notice

Landlord Name _____ Phone _____

Address _____

B. HOMEOWNERS: Mortgage \$ _____ Date last paid _____

Mortgage Company name and address: _____

3. EMPLOYMENT

EMPLOYER	DATES FROM - TO	REASON FOR LEAVING	\$ / Hour
Applicant: _____	_____ - _____	_____	_____
Spouse/Co-App: _____	_____ - _____	_____	_____

Are you able to work now? _____ If no, why not? _____

4. HOUSEHOLD ASSETS:

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

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

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>Monthly Insur Pmt</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

LIST AMOUNTS YOU HAVE IN:

Savings Bonds/Mutual Bonds/CD's _____ Stocks _____ Annuities _____ 401K or Retirement _____
 Circle if owned: Motorcycles / Boats / Snowmobiles / ATV / RV Value: _____
 IRS Refund _____ Insur.Claim _____ Disability Check _____ Unemployment _____ Worker's Comp _____

5. HOUSEHOLD INCOME *Include all income from everyone over the age of 18.*

	<u>Monthly Amount</u>	<u>Who Receives (write SELF if you receive)</u>
Adoption Credit	_____	_____
ANB (Aid to the Needy Blind)	_____	_____
APTD (Perm / Totally Disabled)	_____	_____
Child Support	_____	_____
Disability (Employer)	_____	_____
Food Stamps	_____	_____
Fuel Assistance	_____	_____
Gifts/Loans	_____	_____
Maternity Benefits	_____	_____
OAA (Old Age Assistance)	_____	_____
Retirement / Severance / Vacation Pay	_____	_____
SSDI (Social Security / Disability)	_____	_____
SSI (Supplemental Security)	_____	_____
TANF (Financial Aid Needy Families)	_____	_____
Unemployment Check	_____	_____
Vocational Rehabilitation Payments	_____	_____

6. **HOUSEHOLD EXPENSES** **FOR LAST 30 DAYS ONLY** *LIST EXPENSES BY THE MONTH*

Bank Fees _____	Diapers _____	Medications _____
Cigarettes _____	Electric _____	Mortgage _____
TV/Cable _____	Food _____	Rent _____
Telephone _____	Fuel Oil / Pellets _____	Lot Rent / Condo Fee _____
Internet _____	Kerosene/Propane _____	School Loan _____
Fast food /eating out _____	Child Support Paid _____	Storage _____
Trash pick-up _____	Health Insurance _____	Childcare _____
Coffee(McDs/DuncDonut) _____	Car Payment _____	Laundry _____
Alcohol _____	Car Insurance _____	Personal Loan _____
Credit Cards _____	Car Inspection _____	Home/Rent Insurance _____
Rent-to-own _____	Car Registration _____	Medical Bills _____
Home repairs _____	Car Repair _____	Life Insurance _____
Fines/Court Fees _____	Driver License _____	Sewer / Water _____
Dental _____	Gasoline for car _____	Property Tax _____
Movie rentals _____	Life Insurance _____	Lessons/Classes/Tuition _____
Pet food or vet bills _____	Storage Costs _____	Other: _____

7. **CRIMINAL INFORMATION** Are you or any member of your household presently on parole or probation? yes / no
If yes, who? _____ Name & number of PO: _____

8. **CERTIFICATIONS / SIGNATURES** ***** MUST BE SIGNED*****

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 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 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 within six years of receiving municipal assistance. (RSA 165-28a)

I hereby certify information I provided is complete to the best of my knowledge. 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 truth in disclosing information to the welfare official. If I knowingly give false information or withhold information I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)

If I obtain a job after I receive assistance and later quit the job without good cause, I will 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

Co-Applicant Signature

TOWN OF RINDGE
30 Payson Hill Road
Rindge, NH 03461
603-899-5181

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, _____ authorize any relative, physician, lawyer, banking institution, employer, insurance company, workers compensation, mental health agency, school employee, homeless shelter employee, Internal Revenue Service, Social Security, State/County DHHS, BEAS, DES, VA, DCYF, Southwestern Community Services, New Hampshire Legal Assistance, Alcohol/Substance abuse treatment center or rehabilitation-past or current, Vocational Rehabilitation, or any other agency having information concerning me/our circumstances, to furnish and release such information to the Town of Rindge Welfare Director.

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

Co-applicant

Date