

APPLICATION FOR ASSISTANCE

FAX # 603-899-2101

1. Fill out this application.
2. Get paperwork listed under "BRING" (below) and bring to your appointment.
3. Make an appointment: Call 899-5181. If you work and can't come in for an appointment, mail or drop off this application & paperwork (below) to the town office.

*** CAN'T FIND WHAT YOU NEED? :**

- Call your BANK. Ask them to fax bank statements for LAST 30 DAYS
- Call your EMPLOYER. Ask them to fax paystubs for LAST 30 DAYS for everyone who works
- Call EVERSOURCE. Ask them to fax the CURRENT BILL for LAST 30 DAYS (not the Shut-Off Notice)
- Call your CHILDCARE. Ask them to fax statement for the LAST 30 DAYS
- Call your PHARMACY. Ask them to fax meds list showing co-payments for LAST 30 DAYS
- Call your FUEL SUPPLIER. Ask them to fax your statement showing the LAST 30 DAYS transactions

*** BRING**

- _____ This completed and signed application, sign the last 2 pages
- _____ Copy of Rental lease or Mortgage payment statement
- _____ **LAST 30 DAYS (4 WEEKS) PAYSTUBS FOR EVERYONE OVER 18 WHO IS WORKING**
- _____ **LAST 30 DAYS** of Unemployment checks or Unemployment notice
- _____ **ALL PAGES: MOST CURRENT ELECTRIC bill**
- _____ **ALL PAGES: MOST RECENT Savings and Checking and Retirement Statements**
- _____ Medication List from pharmacy for **LAST 30 DAYS**
- _____ Fuel Provider statement or receipts paid for oil/propane/pellets **IN LAST 30 DAYS**
- _____ Childcare Statement showing last 4 weeks of payments from daycare provider
- _____ Car and Home Repairs Receipts **PAID IN LAST 30 DAYS**
- _____ Social Security or Disability benefits letter or letter of pending benefits
- _____ Health & Human Services letter for TANF, Food Stamps, APTD, other assistance
- _____ Bill for Health Insurance (if it is not taken out of your paycheck)
- _____ Child Support Order (Received or Paid out)
- _____ Worker's Compensation payment notice
- _____ Doctors Note if you cannot work
- _____ Letter from roommate if someone lives with you and pays rent
- _____ Tax Refund amount and date received

NOTE: You may apply for assistance ONCE a month and it is not ongoing. If more help is needed, set up an appointment and bring documents listed above – without proofs, help will be delayed by 14 days. 1

APPLICATION FOR ASSISTANCE

Date _____ Telephone: () _____ 2), _____

Name _____ Co-applicant: _____

Address _____ Rindge, NH Move-in date _____

Rent or Own _____ Single _____ Married _____ Partner _____ Roommate _____ US Citizen: Yes No

Help needed (choose one): Rent Electric Heat Food Medications Other _____

Have you applied for assistance in another town? Yes No If yes, when & where? _____

List EVERYONE including yourself currently living in your household:

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

If you have children under 18, HOW MANY DAYS each month do they live with you? _____

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

2. HOUSING

A. RENT \$ _____ / month. Total Due: _____ Number of Bedrooms: _____

Landlord Name and Address _____

_____ Landlord Phone : _____

Rent check made out to: _____

B. MORTGAGE \$ _____ /m tPast Due: _____

Mortgage Company name and address:

3. **EMPLOYMENT**

EMPLOYER

DATES
FROM-TO

REASON FOR LEAVING

\$ / hour

Applicant: _____

Co-Applicant: _____

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

4. HOUSEHOLD ASSETS:**BANK ACCOUNTS:**

<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> Account Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VEHICLES:

<u>Owner</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	AMOUNT OWED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bonds/Mutual Bonds/CD's _____, Stocks _____, Annuities _____, 401K or Retirement _____

PROPERTY (please circle): Motorcycle / Boat / Snowmobile/ ATV / RV Value: _____

5. MONTHLY HOUSEHOLD INCOME**LIST AMOUNTS FOR EVERYONE IN THE HOUSE**

	AMOUNT	WHEN ? (what day, or weekly or monthly)
Adoption Payments	\$ _____	_____
ANB (Aid to the Needy Blind)	\$ _____	_____
APTD (Perm / Totally Disabled)	\$ _____	_____
Child Support	\$ _____	_____
Employer Disability	\$ _____	_____
Food Stamps	\$ _____	_____
Fuel Assistance	\$ _____	_____
Gifts / Inheritance / Friends / Parents	\$ _____	_____
Insurance Claim payments	\$ _____	_____
Maternity Benefits	\$ _____	_____
OAA (Old Age Assistance)	\$ _____	_____
Pension or Retirement	\$ _____	_____
Severance or Vacation Pay	\$ _____	_____
SSDI (Social Security / Disability)	\$ _____	_____
SSI (Supplemental Security)	\$ _____	_____
TANF (Financial Aid Needy Families)	\$ _____	_____
Unemployment Check	\$ _____	_____
Vocational Rehabilitation Payments	\$ _____	_____
Worker's Compensation Payments	\$ _____	_____

OTHER: _____

6. MONTHLY EXPENSES: PLEASE LIST MONTHLY AMOUNTS YOU PAY		
Pet food_____	Diapers/ Wipes_____	Medications_____
Cigarettes_____	Electric_____	Life Insurance_____
Telephone_____	Food(+ school lunches)_____	Rent/ Lot Rent,_____
Cable_____	Storage_____	Mortgage,_____
Internet_____	Bank Fees_____	Condo Fee,_____
Fast food/eating out_____	Child Support Paid_____	Home/Rent Insurance_____
Trash pick-up_____	Health Insur. (if not out of check)_____	Taxes_____
Coffee(McDs/Duncans)_____	Car payment_____	Laundry & Household,_____
Alcohol_____	Car Insurance_____	Childcare_____
Credit Cards_____	Car Gasoline_____	Other monthly bill_____
Rent-to-own_____	School Loans_____	Other monthly bill_____

Other Bills Paid in the Last 30 Days - BRING PROOF YOU PAID THEM

Car Inspection_____	Car Repairs _____	Car Registration_____	License_____
Fines/Court Fees_____	Home Repairs,_____	Dentist_____	Vet Bills_____
Personal Loan_____	Medical Bills,_____	Medical Co-pays_____	Movies_____
Fuel Oil/Pellets/ Kerosene/ Wood_____	Funeral_____	Classes _____	
Other (explain):_____			

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 if I receive assistance from the Town I may be required to work in workfare program. (RSA 165:31) I understand I may be required to repay assistance received if I am returned to an income status in which I can reimburse without financial hardship. (RSA 165:20-b). I understand if I am assisted the Town may place a lien against real property I own. (RSA 165:28). I certify if I have a lawsuit, worker's compensation claim, or aid from any other social service agency pending, they are listed on this application. I further agree to notify the Welfare Official immediately upon receipt of money from/upon the settlement of claim. I understand if I am assisted, the Town may place a lien against any property settlement within six years of receiving municipal assistance. (RSA 165-28a). I certify information provided is complete to the best of my knowledge. I understand I have to provide documents and verification to Welfare Officer to make a determination. I certify all information I provide is truth in disclosing information. If I knowingly give false information or withhold information I will be prosecuted for Unsworn Falsification (RSA 641:3). If I become employed after I receive assistance and later quit the job without good cause, I will be ineligible for local assistance from the Town and other NH municipalities for up to 90 days, (RSA 165:1-d) I understand if receive 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 Town may, under certain circumstances, disregard this decrease in my income, (RSA 165:1-e)

Applicant Signature_____	Date_____
Co-Applicant Signature_____	Date_____

LANDLORD'S RENTAL VERIFICATION

TO BE FILLED OUT BY LANDLORD

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: \$ _____

Rent Includes: _____ All utilities _____ None _____ Hot Water _____ Heat _____ Electric

Type of Heat: _____ Electric _____ Oil _____ Gas Other _____

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

If you own back rent, please attach accounting of months and amount

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

Tax ID#: _____ **OR** Social Security#: _____

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

NOTICE OF RIGHTS FOR GENERAL ASSISTANCE RECIPIENTS

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.

Authorization to Release Information

PRINT YOUR NAME: _____

Case#, RID#, or MID#, if known

I hereby authorize and request

Department of Health & Human Services, DFA

to provide the following information: Information pertaining to my case including benefits and amounts ie
food stamps, childcare, and other programs I receive benefit from.

to:

TOWN OF RINDGE
DEPARTMENT OF WELFARE: Mary Drew
31 Payson Hill Road, Rindge, NH 03461

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)

