

TOWN OF RINDGE
DEPARTMENT OF WELFARE

HOW TO APPLY FOR ASSISTANCE

1. Fill out this application.
2. Drop off (or mail it) with the everything listed below to the Town Office secretary. Read the NOTES below.

** If you cannot find BANK STATEMENTS, PAYSTUBS, or ELECTRIC BILL, call them & ask them to fax it to 899-5181 to Mary Drew.*

WHAT IS NEEDED – ONLY FOR THE LAST 30 DAYS:

- a. Pay stubs for everyone in the house over 18 years
- b. Copy of rental lease or mortgage statement
- c. MOST RECENT Electric bill- all pages (NOT the shut-off notice)
- d. MOST RECENT Statements (checking, savings, & retirement)
- e. Unemployment Letter showing weekly amount received
- f. List of medication co-pays from pharmacy for last 30 days
- g. If you paid fuel in last 30 days, a statement from supplier
- h. If you paid childcare in last 30 days, a statement from them
- i. Car and home repairs paid for in the last 30 days
- j. Social Security letter or SSDI letter
- k. Food stamp letter, TANF letter, APTD letter or other state aid
- l. Child support order (if you receive it or if you pay it)
- m. Workers compensation letter showing amount you receive
- n. Doctors note if you claim you cannot work
- o. Letter from roommate showing how expenses are split up
- p. Income tax refund amount (if you got in within the last 30 days)

NOTES:

- If you have never applied before, set up an appt and fill out an application.
- If you have applied in the past, set up an appt if its been over 6 months.
- You may apply once per month.
- Help is not ongoing. If you need more help you need to apply again.
- Fill out new application, get papers for last 30 days, drop off town office or mail.
- A decision will be made in 10 days and mailed to you.

TOWN OF RINDGE
DEPARTMENT OF WELFARE

TOWN OF RINDGE

APPLICATION FOR GENERAL ASSISTANCE

Date _____ Telephone: 1) _____ 2) _____

Name _____ Co-applicant: _____

Address _____ Rindge, NH Move-in date _____

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

Choose one: _____ Rent _____ Electric _____ Heat _____ Food _____ Medications _____ Other

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

List EVERYONE currently living in your household:

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

If you have children under 18, HOW MANY DAYS OF THE MONTH do they live with you? _____

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

2. HOUSING INFORMATION:

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

RENT CHECK MADE OUT TO: _____

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

Landlord Name, Address, & Telephone _____

MORTGAGE \$ _____ \$ Paid toward this months _____ Past Due _____

Mortgage Company name and address: _____

3. EMPLOYMENT

EMPLOYER	DATES FROM - TO	REASON FOR LEAVING	\$ / Hour
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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 Acct. #</u>	<u>Savings Balance</u>	<u>Checking Acct. #</u>	<u>Checking Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VEHICLES:

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

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.

	<u>AMOUNT</u>	<u>WHEN RECEIVED? (what day, or weekly or monthly)</u>
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: LIST THE MONTHLY AMOUNTS YOU NORMALLY 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/DuncDomut) _____	Car Payment _____	Laundry & Household _____
Alcohol _____	Car Insurance _____	Childcare _____
Credit Cards _____	Car Gasoline _____	Water & Sewer _____
Rent-to-own _____	School Loans _____	Other: _____ for: _____

OTHER BILLS PAID IN LAST 30 DAYS (NEED PROOF THEY WERE PAID)

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

 Co-Applicant Signature

 Date

 Date

TOWN OF RINDGE – DEPARTMENT OF WELFARE

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, Social Security, State/County DHHS, BEAS, DES, VA, DCYF, IRS, Southwestern Community Services, New Hampshire Legal Assistance, Alcohol/Substance abuse treatment center or rehabilitation-past or current, Vocational Rehabilitation, or any agency having information concerning me/us, to furnish and release such information to the 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

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.

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE 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 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 #: _____

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