

REQUIRED VERIFICATIONS

Your Name: _____ Appointment Date: _____

*** * BEFORE YOUR APPOINTMENT * ***

- Ask your bank to fax all bank statements **for the LAST 4 WEEKS** to 899-2101 or bring with you
- Ask employer(s) to fax pay stubs **for ages 18+ for the LAST 4 WEEKS** to 899-2101 or bring with you
- Ask PSNH to fax most current bill **for the LAST 4 WEEKS** to 899-2101 or bring with you
- Ask your childcare provider to fax statement **for the LAST 4 WEEKS** to 899-2101 or bring with you

NEXT: BRING THE FOLLOWING TO YOUR APPOINTMENT

- _____ 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 Statements
- _____ Medication List from pharmacy for **LAST 4 WEEKS ONLY**
- _____ Fuel Provider statement or receipts paid for oil/propane/kerosene/pellets **IN LAST 4 WEEKS**
- _____ Childcare Statement showing last 4 weeks of payments from daycare provider
- _____ Car Repair Receipts **PAID IN LAST FOUR WEEKS ONLY**
- _____ 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

NOTE:

**You may apply for assistance once per month. Assistance is not ongoing.
If you think you need help in the future, call to set up another appointment, fill out another application, and bring the documents listed above that apply to you - to the appointment.**

APPLICATION FOR GENERAL ASSISTANCE

Todays Date _____ Telephone: _____

Name _____ Date of Birth _____
 Spouse/Co-Applicant Name _____ Date of Birth _____
 Address _____ Rindge. 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. RENT \$ _____ / month. Total Due: _____ Number of Bedrooms: _____

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

Landlord Name _____ Phone _____

Address _____

B. MORTGAGES \$ _____ Date last paid _____ Past Due _____

Mortgage Company name and address: _____

3. EMPLOYMENT

EMPLOYER	DATES FROM - TO	REASON FOR LEAVING	\$ / Hour
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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>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

HOW MUCH DO 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. MONTHLY HOUSEHOLD INCOME *Include all income from everyone over the age of 18.*

	<u>AMOUNT</u>	<u>DATE RECEIVED</u>
Adoption Credits	_____	_____
ANB (Aid to the Needy Blind)	_____	_____
APTD (Perm / Totally Disabled)	_____	_____
Child Support	_____	_____
Employer Disability	_____	_____
Food Stamps	_____	_____
Fuel Assistance	_____	_____
Gifts/Inheritance / Friends or Parents \$	_____	_____
Maternity Benefits	_____	_____
OAA (Old Age Assistance)	_____	_____
Pension / 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. HOUSEHOLD EXPENSES FOR LAST 30 DAYS ONLY *LIST EXPENSES BY THE MONTH*

Bank Fees _____	Diapers / Wipes _____	Medications _____
Cigarettes _____	Electric _____	Medical Bills _____
Telephone _____	Food (include school lunches) _____	Personal Loan _____
TV / Cable _____	Fuel Oil / Pellets _____	School Loan _____
Internet _____	Kerosene/Propane _____	Condo Fee/Lot Rent _____
Fast food /eating out _____	Child Support Paid _____	Life Insurance _____
Trash pick-up _____	Health Insurance(if not out of check) _____	Childcare _____
Coffee(McDs/DuncDonut) _____	Car Payment _____	Laundry & Household _____
Alcohol _____	Car Insurance _____	Rent _____
Credit Cards _____	Car Inspection _____	Mortgage _____
Rent-to-own _____	Car Registration _____	Home/Rent Insurance _____
Pet food/vet bills _____	Car Repairs _____	Taxes _____
Fines/Court Fees _____	Driver License _____	Home Repairs _____
Dental _____	Gasoline for car _____	Lessons/Classes/Tuition _____
Movie rentals _____	Storage _____	
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, 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 other agency having information concerning me/us, 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