

TOWN OF NORTHWOOD
Human Services Department



Application for General Assistance

PLEASE READ CAREFULLY

Unless **ALL** questions are answered, the entire
Application will be null and void



TOWN OF NORTHWOOD, NEW HAMPSHIRE

HUMAN SERVICES DEPARTMENT
818 First New Hampshire Turnpike, Northwood NH 03261
(603)942-5586 x 208 Facsimile: (603)942-9107

NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE MUNICIPALITY OF NORTHWOOD NEW HAMPSHIRE

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 to 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.



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REQUIRED VERIFICATIONS

You must provide copies of the following verification/documentation along with your completed application or assistance may be delayed or denied: (*Required Verifications apply to all members of the household.*)

Proof of Identification:

Picture ID
License
Birth Certificate
Social Security Card
Passport

Divorce Decree or Marriage License

Proof of Children:

Birth Certificate or Social Security Card
Court order of Custody

Proof of Residency:

Current rent receipt or Rental Request Form from landlord
Statement from person you are staying with
Utility bill in your name
Current Lease or Mortgage information

Residence/Shelter Expenses (last 30 days):

Rent
Utilities
Statement from room-mate(s) regarding division of expenses
Repairs necessary for Health and Safety to owner occupied property

Proof of Income/Other Assistance (for past 30 days):

Last four weeks' pay-stubs or other proof of net wages
Court ordered child support payments or child support payments received
Alimony
Worker Compensation
Social Security benefits



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TANF (Temporary Assistance for Needy Families) benefits

Food Stamps

Fuel Assistance benefits

Unemployment

Banking transaction report for checking and /or savings accounts

Most recent /current Federal/State Tax Return

Rental Subsidy

Proof you have applied for the following, if eligible:

VA benefits

Social Security or SSI (Supplemental Security Income)

Fuel Assistance Program

Unemployment

TANF or TANF Emergency Assistance*

OAA (Old Age Assistance) *

APTD (Aid to the Permanently and Totally Disabled) *

Food Stamps or Emergency Food Stamps*

Title XX Daycare*

Medicaid

Proof of Personal Property:

House, Land, Camp, Car, Trailer, Motorcycle, etc. (Provide a Vehicle registration)

Proof of Liquid Assets:

Savings and checking accounts (bank transaction reports for past 30 days), liquid asset statements, bankbooks, IRA's, Stocks, Life Insurance with cash value, etc.

Proof of Expenses:

Receipts for items allowed under the Basic Needs guidelines

Proof laid off from or terminated from your last employer.

Proof you have registered with employment office if unemployed.

Verification of injury or illness if unable to work. (Letter from physician and or Medical Report Form.)



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1. **General Information:** Please answer **all** questions on this application completely

Date of Application: _____ **Referred by:** _____

Name: _____ **Date of Birth:** _____
Including middle initial & maiden name if applicable

Physical Address: _____
If different than physical address

Please check box Other _____

Telephone: _____ **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) _____

What emergency help do you request ? _____

Why: _____

Have you applied for local assistance in *any* city/town before? Yes No **When?** _____

Where? _____ **Under what name?** _____

List below all other persons including Spouse/Co-Applicant living in your home. (Use additional sheet if necessary)

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

List all addresses (including current) where you have lived the past 2 years.

Street	Town/City	State	From	To	Reason for moving?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. **Housing Information:**

Rent amount _____ per (month/week) _____ Date last paid _____ Date due _____

Do you have current: ___ Demand for Rent ___ Notice to Quit ___ Landlord/Tenant Writ

Total rent owed: _____ Do you have Section 8 or Public Housing? ___ Yes ___ No How Much? _____

Utilities Included: ___ Heat ___ Electric ___ Gas ___ Water/Sewer ___ Other ___ None

How many bedrooms? ___ Efficiency ___ 1 Bedroom ___ 2 Bedrooms ___ 3 Bedrooms ___ 4 Bedrooms

LANDLORD: Name: _____ Telephone: _____

Address: _____

IF HOME-OWNER: Mortgage Amount: _____ Date last paid: _____ Owed: _____

Principle & Interest Amount: _____

Bank/Mortgage Co. _____ Address: _____

3. **Education / Training / Employment**

	Highest Grade <u>Attended</u>	G.E.D. or <u>Diploma</u>	Degrees/Certificates <u>Special Training or Skills</u>	Military <u>Service Dates</u>
Applicant:	_____	_____	_____	_____
Spouse/Co Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? ___ Yes ___ No Employer: _____ Position: _____

When began work: _____ Date/Amount of most recent check: _____

Are you *unemployed* now? ___ Yes ___ No Reason: _____

Date last worked: _____ Employer: _____ Date/Amount last check: _____

Are you able to work now? ___ Yes ___ No If not able, why not? _____

If not, do you have medical documentation? ___ Yes ___ No

Co Applicant Work History:

Are you employed now? ___ Yes ___ No Employer: _____ Position: _____

When began work: _____ Date/Amount of most recent check: _____

Are you *unemployed* now? ___ Yes ___ No Reason _____

Date last worked: _____ Employer: _____ Date/Amount last check: _____

Are you able to work now? ___ Yes ___ No If not able, why not? _____

If not, do you have medical documentation? ___ Yes ___ No

Other Household Members 18 & older Work History:

Are you employed now? Yes No Employer: _____ Position: _____

When began work: _____ Date/Amount of most recent check: _____

Are you *unemployed* now? Yes No Reason: _____

Date last worked: _____ Employer: _____ Date/Amount last check: _____

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

If not, do you have medical documentation? Yes No

Have you or any member of your household aged 18 and over worked in the past 2 years?

Yes No If yes, please provide work history below.

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

4. Military Service Records:

Have you ever served in the military? Yes No Veteran? Yes No

Are you receiving benefits? Yes No How much? _____ Dates served: _____

Branch: _____ Do you have an Honorable Discharge? Yes No

5. Household Assets:

Bank Accounts? Yes No

If yes, 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. **Do you or any household member have Unearned Income?** ___ Yes ___ No

Indicate any benefits and/or unearned income received or applied for by you or any household member:

	Name & Household Members Name	Date Applied	Date Last Received	Monthly Amount
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD (Aid to the Permanent & Total Disabled)	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability (Employer-short or long term)	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Rent Subsidy	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security (Retirement)	_____	_____	_____	_____
SS (Survivors benefit)	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC (Women/Infants/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Does any minor child receive any form of Social Security Income? ___ Yes ___ No How Much? _____

Are you or any other household members working, volunteering, and/or receiving assistance from any other agencies? ___ Yes ___ No

Name	Agency Name	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. **Do you have Household Expenses?** ___ Yes ___ No

List actual or estimated regular monthly expenses. (Not all expenses are allowable and can be included in your eligibility determination, but all should be listed to show your financial situation.)

You must indicate amounts. Ex: Food (\$100.00/wk.)

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Private School _____
Cable _____	Food _____	Prescriptions _____
Child Support Paid _____	Fuel Oil _____	Rent _____
Car Gasoline _____	Gas/Bottled _____	Rent-To-Own _____
Car Insurance _____	Gas, Natural _____	School Loan(s) _____
Car Payment _____	Health Insurance _____	Storage _____
Condo Fee _____	Internet _____	Telephone _____
Child Care _____	Laundry _____	Tobacco Products _____
Credit Card(s) _____	Loan _____	Other _____
Cell Phone _____	Lot Rent _____	Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____	Driver's License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Lawyer Fees _____

8. **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: _____

Are you required by law to register as a sex offender? ___ Yes ___ No **Where?** _____

9. **Liability for support Information** (Must complete this section do not leave blank)

Please provide following details: (Please see State Law RSA 165:19 on page 7)

Your father/Step _____ Address _____ phone# _____

Deceased

Your mother/Step _____ Address _____ phone# _____

Deceased

Co-applicant father/Step _____ Address _____ phone# _____

Deceased

Co-applicant mother/Step _____ Address _____ phone# _____

Deceased

Are you or Co-applicant's adult children living in OR out of the home? ___ In ___ Out ___ No adult children

10. Certifications /Signatures/ Release of Information:

I understand I may be required to provide financial information to determine family member’s ability to assist or maintain my needs, in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife, whether or not they reside in my household. Should a relation refuse to render such financial information when requested, such person or persons could be summoned to appear in court for determination of ability to assist. RSA 165:19

I understand that I may be required to repay any assistance provided, if I am returned to an income status, and/or receive available financial resources, including income tax refund(s), which enables me to reimburse without financial hardship. RSA 165:20-b.

I understand that if I quit a job without good cause, after the municipality assists me; I may be *ineligible* for local assistance from this or any 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.

I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries (except any workers compensation settlement), which I receive within six years of receiving municipal assistance. RSA 165:28-a.

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 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 crimes of Unsworn Falsification RSA 641:3, Theft by Deception RSA 637:4 and/or Identity Fraud RSA 638:27, which can result in imprisonment.



Applicant Signature

Date

Signature of person completing form
(If not applicant)



Co-applicant Signature

Date

Relationship

Release of Information



I/We _____ authorize any relative, physician, lawyer, banker, landlord, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to Northwood, NH Welfare. I/We also authorize the IRS, Social Security Administration, any State or County Division of Health & Human Services, Division of Children Youth and Families, Division of Adult & Elderly, NH Legal Assistance, City/Town Welfare Department, Homeless Shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to Northwood NH Welfare.

I also authorize any employer to verify employment status or application for employment to the extent necessary to further my application for or compliance with Northwood NH Welfare.

I also waive my right to privacy and confidentiality contained in my file and/or any information received by Northwood NH Welfare and authorize to release such information to other agencies to the extent that such release is made to further my application for, or receipt of, assistance from that agency.

This authorization shall expire 180 days from the date it is signed.



Applicant Signature

Date

Signature of person completing form
(If not applicant)



Co-applicant Signature

Date

Relationship