

TOWN OF STRATHAM
APPLICATION FOR ASSISTANCE

Date of Application _____

1. General Information:

Name _____ Date of Birth _____ Age _____

Current Address _____

Telephone _____ SS# _____ US Citizen? _____

Marital Status _____ Date of Marriage/Divorce _____

Spouse/Co-Applicant Name _____ Date of Birth _____ Age _____

Spouse address (if not same as applicant) _____

Telephone _____ SS# _____ US Citizen? _____

Assistance Requested _____

Reason for request _____

Have you ever received any kind of public assistance before? _____ When? _____

Where? _____ Amount \$ _____

List below all persons living in your household including yourself:

Full Name	Relationship	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all addresses for past two years starting with most recent:

Street	Town/City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Housing Information:

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

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

Do you have a current: Demand For Rent Eviction Notice Landlord/Tenant Writ

Total rent owed _____ Do you have a housing subsidy? _____

Utilities Included: Heat Electric Gas Water/Sewer Other None

Do you have a current shut off notice for any utilities? _____ If so, which utilities? _____

LANDLORD: Name _____ Telephone _____

Address _____ SS # (only if seeking rental assistance) _____

IF HOME-OWNER: Mortgage Amount (including insurance and taxes) \$ _____

Date last paid _____ Date Due _____ Owed _____ Bank/Mortgage Co. _____

3. Education / Training / Employment

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

Applicant Work History:

Are you employed now? _____ Employer _____ Avg. Weekly Wage _____

When began work _____ Date/Amt of most recent check _____ Position _____

Are you unemployed now? _____ Reason _____ Date last worked _____

Employer _____ Date/Amount last check _____ Position _____

Are you able to work now? _____ If not able, why? _____

Spouse/Co-Applicant Work History:

Are you employed now? _____ Employer _____ Avg. Weekly Wage _____

When began work _____ Date/Amt of most recent check _____ Position _____

Are you unemployed now? _____ Reason _____ Date last worked _____

Employer _____ Date/Amount last check _____ Position _____

Are you able to work now? _____ If not able, why? _____

List work history for last 2 years of yourself and all household members aged 18 & older:

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

4. Household Assets:

Provide information regarding bank 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>

Provide current value of any assets held by you and all household members:

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____
 Stocks/Bonds/Securities _____ Trust Funds _____ Retirement Accounts _____
 Insurance Policies (cash value) _____ 401k _____ Other Investments _____
 Real estate (other than listed in Section #2) _____
 Motorcycles/Boats/Snowmobiles/ATV's/RV's _____

 Other Assets (please list) _____

Claims/settlements/income due to you or any household member

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____
 Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____
 Other Lump Sum Payment (explain) _____

Do you or any household member have a lawsuit pending? _____ Who? _____
 Please give details _____
 Lawyer Name/Address _____

Motor vehicles owned by you and all household members:

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Payments</u>	<u>Insurance</u>

5. Household Income

Indicate any benefits or income received or applied for by you or any household member (*check all those that apply*):

	<u>Date Applied</u>	<u>Date Last Received</u>	<u>Monthly Amount</u>
<input type="checkbox"/> Child Support	_____	_____	_____
<input type="checkbox"/> Disability	_____	_____	_____
<input type="checkbox"/> Food Stamps	_____	_____	_____
<input type="checkbox"/> Fuel Assistance	_____	_____	_____
<input type="checkbox"/> Income from relatives/boarders	_____	_____	_____
<input type="checkbox"/> Medicaid	_____	_____	_____
<input type="checkbox"/> OAA (Old Age Assistance)	_____	_____	_____
<input type="checkbox"/> Pension	_____	_____	_____
<input type="checkbox"/> Retirement	_____	_____	_____
<input type="checkbox"/> Severance Pay	_____	_____	_____
<input type="checkbox"/> Social Security	_____	_____	_____
<input type="checkbox"/> SSI (Supplemental Security)	_____	_____	_____
<input type="checkbox"/> TANF	_____	_____	_____
<input type="checkbox"/> Unemployment	_____	_____	_____
<input type="checkbox"/> Veteran's Benefits/Pension	_____	_____	_____
<input type="checkbox"/> WIC (Women/Infants/Children)	_____	_____	_____
<input type="checkbox"/> Worker's Compensation	_____	_____	_____
Other: []	_____	_____	_____

6. Household Expenses

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

Bank Fees _____	Mortgage/Rent _____
Electric _____	Prescriptions _____
Cable/Internet _____	Food _____
Child Support Paid _____	Heat _____
Car Gasoline _____	School Loan _____
Car Insurance _____	Storage Unit _____
Car Payment _____	Health Insurance _____
Condo Fee _____	Child Care _____
Credit Card _____	Telephone _____
Medical Co-Pays _____	Transportation _____
Other _____	Other _____

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

Car Inspection _____	Drivers License _____	Medical _____
Car Registration _____	Fines/Court Payments _____	Tax (Income/Property) _____
Car Repair _____	Home Repairs _____	Other _____
Dental _____	Home/Rent Insurance _____	Other _____

7. Criminal Information

Have you or any member of your household ever been convicted of a felony? _____

If yes, who? _____ When? _____ Town/City & State of conviction _____

Details of conviction: _____ Charges Annulled? _____ If yes, when? _____

Are you or any member of your household presently on parole or probation? _____

If yes, who? _____ Name & phone # of parole/probation officer _____

8. Liability for Support Information in Accordance with RSA 165:19

Please provide the following details:

Your father _____	Address _____	Own real estate? _____
Your mother _____	Address _____	Own real estate? _____
Co-App. father _____	Address _____	Own real estate? _____
Co-App. mother _____	Address _____	Own real estate? _____

9. Certifications and Signatures

I hereby certify that the information I have provided on this application is true and 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 crime of Unsworn Falsification (RSA 641:3).

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may 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 Spouse/Co-Applicant Signature Date

REIMBURSEMENT AGREEMENT

I acknowledge that I may be required to repay any assistance provided if I am returned to an income status which enables me to reimburse the Town without financial hardship.

Signature of Applicant Spouse/Co-Applicant

I agree that if I have a lawsuit, other outstanding settlement, or aid from any other social services agency now pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency which may be handling this claim on my behalf. I further agree to notify the Welfare Official immediately upon the receipt of any money from such claim or upon the settlement of such claim.

Name_____	Name_____
Address_____	Address_____
Phone_____	Phone_____

Signature of Applicant Date Spouse/Co-Applicant Date

INFORMATION RELEASE

I understand that as part of the administration of this program, the Town may verify information I have provided on the application and any other information that would affect my eligibility. My signature below authorizes the Town to obtain verification from any person or organization having information concerning my circumstances, including any relative, physician, lawyer, banker, employer, or insurance company, and authorizes the release of such information to the Town. A photocopy of this signed release may be used in place of an original.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Witness to all Signatures Contained Therein

Date

Valid ID Provided

TITLE XII

PUBLIC SAFETY AND WELFARE

CHAPTER 165

AID TO ASSISTED PERSONS

Liability for Support, and Recovery Over

Section 165:19

165:19 Liability for Support. – The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

Source. RS 66:8. CS 70:8. GS 74:8. GL 82:8. PS 84:12. 1925, 112:1. PL 106:22. 1933, 65:1. RL 124:18. RSA 165:19. 1973, 115:1. 1985, 380:11, eff. Jan. 1, 1986.

REQUIRED VERIFICATIONS

Applicant Name: _____

DOB: _____ DATE: _____

Address: _____

Phone: _____

You must provide the following verification/documentation to the Town or assistance may be delayed or denied:

- Completed Application Form
- Rental Verification Form / Lease
- Divorce decree, if applicable
- Last four week's pay-stubs or other proof of net wages
- Last four week's receipts or other proof of bills paid or currently due
- Employment verification form from your employer
- Employment termination form from your last employer
- Registration forms from Department of Employment Security
- You have applied for / are receiving Social Security benefits
- You have applied at the HHS District Office for:
 - Food Stamps
 - TANF
 - APTD/MA
 - OAA
- You have applied for / are receiving Fuel Assistance benefits
- Verification of injury or illness (doctor's note)
- You have applied for / are receiving Unemployment Compensation
- Picture ID (adults); Birth certificate/SS card (minors)
- Vehicle registration(s)
- Savings and checking account, liquid asset statements, bankbooks
- Statement child support payments received / Child support court order
- Statement from roommate(s) regarding division of expense
- Termination notice from previous welfare (state, city or county welfare) agency
- Any shut off notices, notice to quit, demand for rent, etc.

Other: _____

NOTE: Photocopies will be taken of the above documentation during your appointment.

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance, I may be required to do a job search and participate in workfare.

Applicant

Witness