TOWN OF NORTHUMBERLAND, NH
WELFARE DEPARTMENT
m.randall@northumberlandnh.gov
APPLICATION FOR GENERAL ASSISTANCE

Name:_____ **Date**:_____
Social Security Number:_____ **Telephone**:_____
Address:_____
How long at this address:_____ **Age**:_____ **Birthdate (DOB)**:_____
Single:_____ **Married**:_____ **Widowed**:_____ **Divorced**:_____ **Separated**:____

E-mail address: _____

Emergency Contact: _____**Phone**_____

Co-Applicant's name:_____**SS#**:_____**DOB**:_____
(A co-applicant is another adult in the household who shares expenses with you)

List all persons living with you:

Name	SS#	Relationship	D.O.B.

List all addresses for past two years; most recent address first:

Address	Town/City	State	Dates

What needs are you requesting assistance with:_____
_____

Have you ever received assistance from any New Hampshire town or city:_____
Town/City(s):_____
Amount(s):_____**Dates**:_____

Have you ever received assistance from New Hampshire or any other state:_____
Amount(s):_____**Dates**:_____

Income/Expenses

Rent: $_____ Week or Month? Date Due:_____ Date last paid:_____
Utilities included? None:_____ Heat:_____ Elec:_____ Water:_____ Other:_____
AMOUNT OWED_____
Name of Landlord:_____ Telephone:_____
Landlord's Address:_____

Homeowners: Mortgage Amt:_____ Due Date:_____ Date last paid:_____
List all payments included in mortgage (insurance, taxes):_____
_____
Name & address of Bank/Mortgage Co.:_____

Other household MONTHLY expenses (List approximate or actual amounts):

Food:_____ Gas/Propane:_____ Car Payment:_____
Telephone:_____ Electric:_____ Car Gasoline:_____
Laundry:_____ Water/Sewer:_____ Car Insurance:_____
Medical Co-Pays:_____ Prescriptions:_____ Cable/internet_____
Childcare_____ child support PAID_____ diapers/wipes_____
Health insurance_____ Storage:_____ other:_____

List unplanned, emergency or irregular periodic expenses during THE PAST 30 DAYS:

Car Inspection_____ Car registration_____ Car repair_____
Dental_____ Drivers License_____ Fines/Court Payments_____
Home Repairs_____ Home/Rent Insurance_____ Medical_____
Sewer/Water_____ tax Income/Property)_____ Other_____

Do you or any member of your household have income from any of the following sources:

	Yes	No	Amount
Salary/Wages:			
TANF, APTD,OAA:			
Child Support:			
SSI/Social Security:			
Unemployment Compensation:			
Workers Compensation:			
Retirement/Pension:			
Annuity or trust fund:			
Loans/Gifts from Relatives:			
Food Stamps:			
Other (source & amount):			

Does your household have any of the following resources?:

Motor Vehicle(s) (year/make)_____
Cash on hand: **$**_____
Savings/Checking Account (Name of Bank/amount in account):_____

Do you have: Venmo, Chime, Cash App, PayPal, Direct Express, Dave accounts? Please circle all that apply.

Stocks/bonds/securities/ IRA:_____**Do you own Real Estate:**_____
Are you expecting a tax refund or legal settlement(yes/no):_____**When:**_____
(You must enter the name and address of attorney handling settlement on page 4 of this application)

Work Record of Applicant:

Are you employed now? (yes/no):_____ **Employer**:_____
Position:_____ **When began work**:_____
If unemployed, reason:_____
Date last worked:_____ **Employer**:_____
Amount and date of last paycheck:_____
Are you able to work now:_____ **If not able, why:**_____

List your last three employers, dates of employment, position, and reason for leaving:

_____
_____
_____

Work record of spouse/co-applicant/other household adults:

Employed now (yes/no):_____ **Where**:_____
If unemployed, reason:_____
Date last worked:_____ **Employer**:_____
Date and amount of last paycheck:_____
Are you able to work now?:_____**If not able, why?**:_____

Have you or anyone in your household served in the military? **Yes**___ **No**____

Disability information

Have you applied for SSDI in the last 2 years? Yes/ NO When:_____

Have you applied for SSI in the last 2 years? Yes/ NO When:_____

REIMBURSEMENT AGREEMENT

I understand that I am required to repay any assistance provided, if I am returned to an income status which enables me to reimburse the TOWN OF NORTHUMBERLAND without financial hardship.

I agree that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending disposition, I will **list below 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 receipt of any money from such claim or upon the settlement of such claim.

_____ _____

Signature of Applicant Date Spouse/Co-Applicant Date

ATTORNEYS, INSURANCE COMPANIES, OTHER AGENCIES:

Name:_____ Name:_____

Address:_____ Address:_____

_____ _____

Phone:_____ Phone:_____

CERTIFICATION

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 that if I have a lawsuit, workers' 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 or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. RSA 165:28-a.

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.

I understand that my parents/stepparents, spouse, or grown children may be called upon to assist me when in need or relief if they can do so without financial hardship to them. RSA 165:19.

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 crime of Unsworn Falsification, RSA 641:3 and/or Theft by Deception RSA 637.

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 a crime.

_____ _____

Signature of Applicant Date Spouse/Co-applicant

_____ _____

Signature of person completing form (if not applicant) Date

Probation/ Parole information

Are you on Probation/ Parole:
YES /NO EXPLAIN?.....

Name of Officer	**Phone**

Do you have any court dates upcoming in the next 6 months? Please explain: Y N

A. Responsibilities of Each Applicant and Recipient

At the time of the initial application, and as long as an applicant is receiving assistance or the case is open, the applicant/recipient shall comply with each of the following responsibilities:

1. To submit an Application For Assistance, with all releases of information signed, or an Intake Form if a recent Application for Assistance is on file, including any supporting documentation, that is complete, accurate and truthful in all respects and to comply with all requirements set forth in each Notice of Decision, for example, applicant/recipient must provide proof of all household income and dated receipts for all household expenses;

2. To provide accurate and complete information without misrepresentation or omission concerning needs and resources. To provide records and other required information and access to such records and information, when requested;

3. To cooperate fully and completely in answering all questions asked by the Welfare Official, including providing information regarding all legally liable relatives (RSA 165:19). Refusing to answer all questions asked by the Welfare Official relevant to the applicant's receipt of assistance may result in a denial of the requested assistance.

4. To report to the Welfare Official, within three (3) working days, any and all changes in circumstances, particularly the receipt of any financial resources from any source;

5. To apply for and accept any benefit or resource (public or private) that reduces or eliminates the need for local General Assistance upon application and within seven (7) days after the date of the interview;

6. To cooperate fully and completely with the Welfare Official in verifying all information that has been provided and is necessary to determine eligibility; and to notify the Welfare Official, within three (3) working days, of any changes which differ from the information provided on the Application For Assistance or on the Intake Form;

7. To keep all appointments as scheduled unless a verifiable emergency prevents keeping the scheduled appointment. In such an event, promptly providing verifiable documentation of the emergency;

8. To provide the Town's medical information form completed by a medical doctor or physician's assistant as to the level of work that can be performed by the client if claiming an inability to work due to medical problems;

9. To immediately report the theft and/or loss of any money, voucher or other valuable property to the appropriate entity and/or law enforcement authority and to the Welfare Official with proof of the report to law enforcement;

10. To provide verifiable documentation of a diligent search for employment (the number of work search contacts to be determined by the Welfare Official). To accept employment when offered, except for documented reasons of good cause, and to maintain such employment once assistance has been granted;

11. To cooperate fully and completely with the Welfare Official in efforts to obtain reimbursement to the Town for assistance provided by any means authorized by law, and to notify the Welfare Official of any pending civil judgment(s), lawsuit(s), inheritance(s), financial settlement(s), insurance claim(s), tax refund(s), and any other financial award(s);

12. To cooperate fully and completely with the Welfare Official in efforts to obtain reimbursement to the Town for assistance provided by any means authorized by law, and to notify the Welfare Official of any pending civil judgment(s), lawsuit(s), inheritance(s), financial settlement(s), insurance claim(s), tax refund(s), and any other financial award(s);

13. To cooperate fully and completely with the Welfare Official in efforts to obtain reimbursement to the Town for assistance provided by any means authorized by law, and to notify the Welfare Official of any pending civil judgment(s), lawsuit(s), inheritance(s), financial settlement(s), insurance claim(s), tax refund(s), and any other financial award(s);

14. To cooperate fully and completely with the Welfare Official in efforts to obtain reimbursement to the Town for assistance provided by any means authorized by law, and to notify the Welfare Official of any pending civil judgment(s), lawsuit(s), inheritance(s), financial settlement(s), insurance claim(s), tax refund(s), and any other financial award(s);

15. To make reimbursement of any assistance granted when and if returned to income status and if such reimbursement can be made without financial hardship;

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification. Also, disqualifications for General Assistance may occur.

Interviews and/or appointments may be deferred if the applicant/client appears to be under the influence of alcohol, drugs or other substances, or otherwise appears incapable of comprehending/completing the application/interview process.

Any person may be denied or terminated from General Assistance, in accordance with these Guidelines, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled

_____

Applicant: DATE

_____

CO Applicant: DATE

TOWN OF NORTHUMBERLAND, NH
WELFARE DEPARTMENT
m.randall@northumberlandnh.gov
(603) 636-7399

INFORMATION RELEASE

I understand that as part of the administration of the General Assistance program, a TOWN OF NORTHUMBERLAND Welfare Official may verify the information I have provided on the application and any other information that would affect my eligibility. My signature below authorizes a TOWN OF NORTHUMBERLAND Welfare Official to obtain verification from any person, agency, or organization having information concerning my circumstances, including any relative, physician, pharmacist, lawyer, banker, employer, or insurance company, and authorizes release of such information to the Welfare Official for one year from this date.

A photocopy of this signed release may be used in place of an original.

Signature of Applicant DATE	Spouse/Co-applicant
Signature of Welfare Official	Date

TOWN OF NORTHUMBERLAND WELFARE DEPT
19 MAIN ST,
NORTHUMBERLAND, NH, 03582

WELFARE DEPARTMENT
(603) 636-7399
m.randall@northumberlandnh.gov