

Town of Pelham

APPLICATION FOR GENERAL ASSISTANCE

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

PENALTY FOR FALSE SWEARING. A person is guilty of a misdemeanor if the person makes a false statement under oath or affirmation and does not believe the statement to be true if the falsification is made with a purpose to mislead a public servant in performing his official function. (RSA 641:3; RSA 641:2, I). The penalty for a misdemeanor may include up to one year in jail, a \$2,000.00 fine, restitution, and probation. (RSA 651:2). In addition, a person may be disqualified from receiving benefit for willfully failing to comply with these written guidelines. (RSA 165:1-b).

I HOUSEHOLD (Please type or print)

DATE:

Name of Applicant (Last name, first name, middle initial)		Age	Social Security Number	Telephone Number
Mailing Address (Street, city, state, ZIP code)		Length of Residence		
Applicant's Most Recent Previous Address (Street, city, state, ZIP code)		Length of Residence		
Applicant is Single Married Divorced Widowed Separated		Has the applicant received General Assistance from another municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____	Municipality
Number in household:	How many are related?	How many are not related?	Total number of people for whom applicant is seeking assistance:	
PEOPLE LIVING WITH THE APPLICANT		RELATIONSHIP (Husband, wife, child, sister, friend, etc.)	BIRTH DATE	
1. Name				
2. Name				
3. Name				
4. Name				
5. Names				
6. Name				

You will need:

1. Proof of residence.
2. Proof of identification for each member of the household. This can be a birth certificate; a social security card; or a pictured I.D.

NAMES AND ADDRESSES OF SPOUSE, EX-SPOUSE, PARENTS, GRANDPARENTS AND CHILDREN'S PARENTS WHO ARE NOT MEMBERS OF THE HOUSEHOLD:

Name	Age	Name	Age
Mailing Address		Mailing Address	
Relationship	Telephone Number	Relationship	Telephone Number

Name	Age	Name	Age
Mailing Address		Mailing Address	
Relationship	Telephone Number	Relationship	Telephone Number

Name	Age	Name	Age
Mailing Address		Mailing Address	
Relationship	Telephone Number	Relationship	Telephone Number

Name	Age	Name	Age
Mailing Address		Mailing Address	
Relationship	Telephone Number	Relationship	Telephone Number

Name	Age	Name	Age
Mailing Address		Mailing Address	
Relationship	Telephone Number	Relationship	Telephone Number

You will need proof that parent or spouse cannot help financially. See RSA: 165.19.

EMPLOYMENT INFORMATION

Is applicant currently employed? Yes No If Yes, type of job:

If yes, Name of Employer	Address of Employer	Length of Employment
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LIST THREE PREVIOUS EMPLOYERS:

Name	Address	Length of Employment
Name	Address	Length of Employment
Name	Address	Length of Employment

If Applicant is not employed, what is the reason?

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If unemployed, has applicant registered with any job services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Highest level of education completed.	Was applicant in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____
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Job skills and/or hobbies

Are any other members of the household employed? Yes No If yes, who and where?
(List Below)

HOUSEHOLD MEMBER	EMPLOYER	TOWN/CITY
Name		
Name		
Name		

You will need doctor's statement of disability or reason for leave from work.

INCOME

Income: Check Yes or No for each type of income. Enter the amount of all money received by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members, if they pool their income. Check how often income is received.

Type of Income	Yes	No	Money Applicant Receives		Money Family Receives		Money Others Receive		Office use only Monthly Total
			Amount	How Often	Amount	How often	Amount	How Often	
Work (full/part-time)	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
AFDC	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Military/Veteran Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Other Retirement or Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Dividend/Insurance Interest Income	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Child Support or Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
SSI Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Income from Relatives	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	\$	Weekly Monthly Other	\$	Weekly Monthly Other	\$	Weekly Monthly Other	
TOTAL MONTHLY HOUSEHOLD INCOME \$									

You will need to provide proof of income (Current months paycheck stubs, statement from employer with net and gross amounts for the past month, Worker's Comp. papers, Unemployment Comp. check stub, Social Security grant letter, AFDC check stub) If you have just started a new job, you will need a statement from the employer of hourly rate, hours per week and date and amount of first net paycheck.

You will need proof that you have applied for the following: AFDC, Food Stamps, Workers Comp. , Unemployment Comp., Social Security, APTD, Fuel Assistance.

ASSETS

ASSETS: Check Yes or No for each type of asset owned. Enter the total value of each asset. Check who owns each asset.

TYPE OF ASSET	YES NO	TOTAL VALUE OR AMOUNT	ASSET OWNED BY				
			Applicant	Spouse	Joint	Children	Others
HOME	<input type="checkbox"/> <input checked="" type="checkbox"/>						
BANK ACCOUNTS	<input type="checkbox"/> <input checked="" type="checkbox"/>						
CASH ON HAND	<input type="checkbox"/> <input checked="" type="checkbox"/>						
STOCKS	<input type="checkbox"/> <input checked="" type="checkbox"/>						
BONDS	<input type="checkbox"/> <input checked="" type="checkbox"/>						
REAL ESTATE (OTHER THAN HOME)	<input type="checkbox"/> <input checked="" type="checkbox"/>						
CAR - YEAR	Monthly Payment \$	<input type="checkbox"/> <input checked="" type="checkbox"/>					
TRUCK - YEAR	Monthly payment \$	<input type="checkbox"/> <input checked="" type="checkbox"/>					
CAMPER/TRAILER - YEAR		<input type="checkbox"/> <input checked="" type="checkbox"/>					
MOTORCYCLE/MOPED - YEAR		<input type="checkbox"/> <input checked="" type="checkbox"/>					
SNOWMOBILE/ATV - YEAR		<input type="checkbox"/> <input checked="" type="checkbox"/>					
BOAT - YEAR		<input type="checkbox"/> <input checked="" type="checkbox"/>					
LIFE INSURANCE		<input type="checkbox"/> <input checked="" type="checkbox"/>					
ACCIDENT/MEDICAL INSURANCE		<input type="checkbox"/> <input checked="" type="checkbox"/>					
OTHER (PLEASE SPECIFY)		<input type="checkbox"/> <input checked="" type="checkbox"/>					

You will need proof of:

1. Any personal property. (Vehicle registrations, house deed, trailer deed, etc.)
2. Any cash resources. (Saving and checking account statements for any household member including children)

EXPENSES

Monthly Expenses		Actual Amount Owed	Allowed Amount	Office Use Only
Food		\$	\$	
Rent	Names, Address and Tax ID Number of Landlord	\$	\$	
	Names: _____			
	Address: _____			
	If seeking assistance for rent, we will need your landlord's Tax ID Number _____			
Mortgage —Mortgage Holder:		\$	\$	
Electricity		\$	\$	
LP Gas		\$	\$	
Heating Fuel	Type (i.e., oil, electricity, etc.)	\$	\$	
Household/Personal Supplies		\$	\$	
Other (please specify)		\$	\$	
If applicant or household members are working, add reasonable and necessary work-related expenses for: Transportation		\$	\$	
Child Care		\$	\$	
TOTAL MONTHLY HOUSEHOLD EXPENSES:		\$	\$	

You will need proof of all allowable bills that you are paying (rent, electric, food, gas, babysitter, rx, heat)

We will need to copy the original prescription if you are requesting help with medications.

OTHER EXPENSES

NOTE: The Administrator should be aware of the following to gain a clearer understanding of the applicant's financial situation.

Do you owe any banks, car payments, credit card companies, stores, etc.? Yes No

If yes, give (1) name: (2) purpose money was borrowed; and (3) amount (list below)

NAME	PURPOSE	AMOUNT
		\$
		\$
		\$
		\$
		\$

Do you owe any doctors, or have any medical bills? Yes

No

If yes, give name and amount (list below)

Name	Amount	Name	Amount
	\$		\$

ASSISTANCE REQUESTED

ASSISTANCE REQUESTED: Place a check mark next to each type of assistance being requested. Enter the amounts being requested, if known.

X	ASSISTANCE	AMOUNT	ASSISTANCE	AMOUNT
	Food	\$	Heating Fuel	\$
	Rent	\$	Household/Personal Supplies	\$
	Mortgage	\$	Other (specify)	\$
	Electricity	\$	Other (specify)	\$
	LP Gas	\$		
TOTAL ASSISTANCE REQUESTED: \$				

UNMET NEED/ELIGIBILITY

Allowed Expenses (see expense section)	\$	If line B is larger than line A, Enter surplus	\$
(Minus) Income (see income section)	\$	*If applicants have a surplus, they are not in need, but you must determine if they are eligible for emergency assistance	
If line A is larger than line B, enter Unmet need	\$	TOTAL REQUESTED (See assistance requested section)	\$

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

In accord with the Town of Pelham Welfare Guidelines, you, the applicant, have the right to be given a written decision concerning your application within five (5) working days after a completed application is presented to the Town of Pelham Welfare Office. If you disagree with the administrator's decision on the application, you have the right to request a Fair Hearing within five (5) working days following your receipt of the administrator's decision.

STATEMENT BY APPLICANT: I hereby swear and affirm the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance, therefore I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household:

Any or all persons, organizations or businesses referenced in this application;

The applicant/household's past, present and/or future landlord;

The applicant/household's bank(s) or financial institutions;

Area banks or financial institutions;

The applicant/household's employer(s), past, present or future, after the applicant-employee has been given one week's written notice, to provide the necessary information;

The Department of Human Services or any department of the State of New Hampshire;

The area CAP agency;

Relatives, specifically;

Persons/Vendors to whom the applicant/household owes or regularly pays money, specifically

any utility company, the area fuel dealer(s), automobile dealerships to whom the applicant/household is making payments; and

Any physician who has information related to the ability of the applicant to work or receive other benefits;

The following specific sources of information

<u>Applicant's Signature:</u>	<u>Date:</u>
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<u>Administrator's Signature</u>	<u>Date:</u>
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VOLUNTARY TERMINATION OF EMPLOYMENT WITHOUT GOOD CAUSE COULD
LEAD TO DISQUALIFICATION FROM RECEIVING GENERAL ASSISTANCE IN THE
FUTURE.

General Assistance Application Part II

Please describe your particular situation: