



TOWN OF PELHAM
Board of Selectmen Office
6 Village Green
Pelham, NH 03076

FORM D
APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We, _____
_____ authorize any relative, physician, lawyer, banker,
employer, insurance company, mental health professional,
school official or other person or organization having
information concerning my/our circumstances to furnish
such information to the Town of Pelham General
Assistance Department.

I/We also authorize the Internal Revenue Service, Social
Security Administration, any State or County Division of
Health and Human Services, Division of Children Youth and
Families, Division of Adult and Elderly, New Hampshire
Legal Assistance, any City/Town Welfare Department,
shelter, Department of Employment Security, Veteran's
Administration and Fuel Assistance, or any non-profit
agency to release information from their files to the Town of
Pelham General Assistance Department.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form (if not applicant)

Relationship to applicant

Date