

TOWN OF RICHMOND
WELFARE OFFICE
105 Old Homestead Highway
Richmond, NH 03470

REQUIRED VERIFICATIONS

Your Name: _____ Appointment Date: _____

HOW IT WORKS

BEFORE YOUR APPOINTMENT: TOWN OFFICE FAX 239-9994, fax or bring with you

- Ask your bank to fax statements for **ALL accounts** for the LAST 4 WEEKS
- Ask employer to fax paystubs or pay history for working adults for LAST 4 WEEKS
- Ask PSNH to fax most current bill for the LAST 4 WEEKS
- Ask your childcare provider to fax statement for the LAST 4 WEEKS

WHAT TO BRING

- _____ This completed and signed application, sign the last 2 pages
- _____ Copy of Rental lease or Mortgage payment statement
- _____ **LAST 4 WEEKS PAYSTUBS FOR EVERYONE OVER 18** (if they weren't faxed)
- _____ **LAST 4 WEEKS ONLY** of Unemployment checks or unemployment notice
- _____ **ALL PAGES: MOST CURRENT** electric bill (if it wasn't faxed by Eversource)
- _____ **ALL PAGES: MOST RECENT** Savings/Checking/Retirement accounts (if they weren't faxed)
- _____ List from pharmacy of medications for **LAST 4 WEEKS ONLY**
- _____ Proof of payment for fuel oil, propane, kerosene, or pellets **IN LAST 4 WEEKS ONLY**
- _____ Proof of Childcare expenses paid in **LAST 4 WEEKS** (get from daycare provider)
- _____ Proof of car repairs (receipts) **PAID IN LAST FOUR WEEKS**
- _____ Social Security or Disability benefits notice
- _____ TANF, Food Stamps, APTD award letters
- _____ Bill for Health Insurance if it is not taken out of your paycheck
- _____ Child Support Order of payments **received or paid**
- _____ Worker's Compensation payment notice
- _____ Rental income statement
- _____ Tax Refund amount and date received
- _____ Statement from room-mate(s) of division of expenses

You may apply for assistance once per month - for the month we are in. Assistance is not ongoing. If you think you need help next month, call to set up another appointment, fill out another application, and bring the documents on this list that apply to you to the appointment.

APPLICATION FOR GENERAL ASSISTANCE

Today's Date _____

Name _____ Phone _____

Spouse/Co-Applicant Name _____ Email _____

Address _____ US Citizen: Yes or No

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

Help Needed: _____ Rent _____ Electric _____ Heat _____ Food _____ Medications _____ Other: _____

Have you applied for assistance in another town? _____ When? _____

List below all persons living in your household :

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

How many days of the MONTH does your child(ren) live with you? _____

Optional: Could anyone in your home use some help with an alcohol or drug problem? _____

Would you like some resources to call for help? _____

2. HOUSING INFORMATION:

A. RENT \$ _____ / month. Total Due: _____ # of Bedrooms: _____

Do you have a : Demand For Rent Notice to Quit Eviction Notice

Landlord Name _____ Phone _____

Address _____

B. MORTGAGE \$ _____ Date last paid _____

Mortgage Company name and address: _____

3. EMPLOYMENT

	EMPLOYER	DATES FROM - TO	REASON FOR LEAVING	\$ / Hour
Applicant:	_____	_____	_____	_____
Spouse/Co-App:	_____	_____	_____	_____
Other household members over 18 and not in high school	_____	_____	_____	_____

Are any of the above not able to work now? _____ If so, why not? _____

4. HOUSEHOLD ASSETS:

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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Motor vehicles owned by you and all household members:

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Monthly Insur Pmt</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Circle if owned: Motorcycles / Boats / Snowmobiles / ATV / RV Value: _____

LIST AMOUNTS YOU HAVE IN:

Savings Bonds/Mutual Bonds/CD's _____ Stocks _____ Annuities _____

401K or Retirement _____ IRS Refund (Current or Due) _____

Insur.Claim _____ Disability Check _____ Unemployment _____ Worker's Comp _____

Other cash or liquid assets: _____

5. HOUSEHOLD INCOME *Include all income from everyone over the age of 18.*

	Monthly Amount	Who Receives (write SELF if you receive)
Adoption Credit	_____	_____
ANB (Aid to the Needy Blind)	_____	_____
APTD (Perm / Totally Disabled)	_____	_____
Child Support	_____	_____
Disability (Employer)	_____	_____
Food Stamps	_____	_____
Fuel Assistance	_____	_____
Gifts/Inheritances/Loans, friends or family	_____	_____
Maternity Benefits	_____	_____
OAA (Old Age Assistance)	_____	_____
Retirement / Severance / Vacation Pay	_____	_____
SSDI (Social Security / Disability)	_____	_____
SSI (Supplemental Security)	_____	_____
TANF (Financial Aid Needy Families)	_____	_____

HOUSEHOLD INCOME, CONTINUED--*INCLUDE ALL INCOME FROM ANYONE OVER THE AGE OF 18*

Unemployment Check _____

Vocational Rehabilitation Payments _____

Worker's Compensation Payments _____

Other _____

6. EXPENSES PAID MONTHLY

Bank Fees _____ Diapers/Wipes _____ Medications _____

Cigarettes _____ Electric _____ Medical Bills _____

TV/Cable _____ Food _____ Personal Loan _____

Telephone _____ Fuel Oil / Pellets _____ School Loan _____

Internet _____ Kerosene/Propane _____ Condo Fee/Lot Rent _____

Fast food /eating out _____ Child Support Paid _____ Life Insurance _____

Trash pick-up _____ **Health Insur.(if not out of check)** _____ Childcare _____

Coffee(McD's/DuncDonut) _____ Car Payment _____ Laundry and Household _____

Alcohol _____ Car Insurance _____ Rent _____

Credit Cards _____ Car Inspection _____ Mortgage _____

Rent-to-own _____ Car Registration _____ Home or Renters Insurance _____

Pet food/vet bills _____ Car Repair _____ Taxes _____

Fines/Court Fees _____ Driver License _____ Home Repairs _____

Dental _____ Gasoline for car _____ Lessones/Classes/Tuition _____

Movie rentals _____ Storage _____

Other _____

7. CRIMINAL INFORMATION Are you or any member of your household presently on parole or probation? yes / no
 If yes, who? _____ Name & number of PO: _____

8. CERTIFICATIONS / SIGNATURES *** MUST BE SIGNED*******

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work ("workfare") program. (RSA 165:31) I understand that I may be required to repay any assistance provided if I am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20-b). 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 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 understand that if I am assisted, the municipality may place a lien against any property settlement within six years of receiving municipal assistance. (RSA 165-28a) I hereby certify information I provided is complete to the best of my knowledge. 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 truth in disclosing information to the welfare official. If I knowingly give false information or withhold information I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)

If I obtain a job after I receive assistance and later quit the job without good cause, I will 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

Co-Applicant Signature

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, _____ authorize any relative, physician, lawyer, banking institution, employer, insurance company, workers compensation, mental health agency, school employee, homeless shelter employee, Internal Revenue Service, Social Security, State/County DHHS, BEAS, DES, VA, DCYF, Southwestern Community Services, New Hampshire Legal Assistance, Alcohol/Substance abuse treatment center or rehabilitation-past or current, Vocational Rehabilitation, or any other agency or person having information concerning me/our circumstances, to furnish and release such information to the Department of Welfare, Town of Richmond.

This authorization shall expire one year from the date it is signed. A photocopy of this signed authorization may be used in place of an original.

Applicant

Date

Co-applicant

Date