

## APPLICATION FOR ASSISTANCE

**FILL THIS OUT AND DROP IT OFF AT JAFFREY TOWN OFFICES WITH ALL THE PAPERWORK LISTED BELOW.**

**FAX #: 603-532-7862**

- Ask your bank to fax bank statements for the LAST 30 DAYS or bring with you
- Ask your employer to fax pay stubs for the LAST 30 DAYS if you/spouse work
- Ask PSNH to fax most current bill for the LAST 30 DAYS or bring it with you
- Ask childcare agency to fax statement for the LAST 30 DAYS or bring with you

- \_\_\_\_\_ This completed and signed application, sign the last 2 pages
- \_\_\_\_\_ Copy of Rental lease or Mortgage payment statement
- \_\_\_\_\_ **LAST 30 DAYS (4 WEEKS) PAYSTUBS FOR EVERYONE OVER 18 or fax them**
- \_\_\_\_\_ **LAST 30 DAYS** of Unemployment checks or Unemployment notice
- \_\_\_\_\_ **ALL PAGES: MOST CURRENT** ELECTRIC bill (if it wasn't faxed by PSNH)
- \_\_\_\_\_ **ALL PAGES: MOST RECENT** Savings/Checking/Retirement Statements
- \_\_\_\_\_ Medication List from pharmacy for **LAST 30 DAYS**
- \_\_\_\_\_ Fuel Provider statement or receipts paid for oil/propane/pellets **IN LAST 30 DAYS**
- \_\_\_\_\_ Childcare Statement showing last 4 weeks of payments from daycare provider
- \_\_\_\_\_ Car and Home Repairs Receipts **PAID IN LAST 30 DAYS**
- \_\_\_\_\_ Social Security or Disability benefits letter or letter of pending benefits
- \_\_\_\_\_ Health & Human Services letter for TANF, Food Stamps, APTD, other assistance
- \_\_\_\_\_ Bill for Health Insurance (if it is not taken out of your paycheck)
- \_\_\_\_\_ Child Support Order (Received or Paid out)
- \_\_\_\_\_ Worker's Compensation payment notice
- \_\_\_\_\_ Doctors Note if you cannot work
- \_\_\_\_\_ Letter from roommate if someone lives with you and pays rent
- \_\_\_\_\_ Tax Refund amount and date received

**NOTE: You may apply for assistance once a month. Assistance is not ongoing. If further assistance is needed, set up an appointment and bring documents listed above. If you do not bring documents needed, assistance will be delayed by 14 days.**

# APPLICATION FOR GENERAL ASSISTANCE

Date \_\_\_\_\_ Telephone:1) \_\_\_\_\_ 2) \_\_\_\_\_

Name \_\_\_\_\_ Co-applicant: \_\_\_\_\_

Address \_\_\_\_\_ Jaffrey, NH Move-in date \_\_\_\_\_

Rent or Own \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Partner \_\_\_\_\_ Roommate \_\_\_\_\_ US Citizen: Yes No

Choose one: \_\_\_\_\_ Rent \_\_\_\_\_ Electric \_\_\_\_\_ Heat \_\_\_\_\_ Food \_\_\_\_\_ Medications \_\_\_\_\_ Other

Have you applied for assistance in another town? Yes No If yes, when & where? \_\_\_\_\_

## List EVERYONE currently living in your household:

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

If you have children under 18, HOW MANY DAYS OF THE MONTH do they live with you? \_\_\_\_\_

Does someone in your house have an alcohol or substance use problem? \_\_\_\_\_ No \_\_\_\_\_ Possibly

## 2. HOUSING INFORMATION:

A. RENT \$ \_\_\_\_\_ / month. Total Due: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

RENT CHECK MADE OUT TO: \_\_\_\_\_

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

Landlord Name, Address, & Telephone \_\_\_\_\_

MORTGAGE \$ \_\_\_\_\_ \$ Paid toward this months \_\_\_\_\_ Past Due \_\_\_\_\_

Mortgage Company name and address:

\_\_\_\_\_  
\_\_\_\_\_

## 3. EMPLOYMENT

EMPLOYER

DATES  
FROM - TO

REASON FOR LEAVING

\$ / Hour

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Are you able to work now? \_\_\_\_\_ If no, why not? \_\_\_\_\_

## 4. HOUSEHOLD ASSETS:

**BANK ACCOUNTS:**

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings Acct. #</u>	<u>Savings Balance</u>	<u>Checking Acct. #</u>	<u>Checking Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**VEHICLES:**

<u>Owner</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>AMOUNT OWED</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bonds/Mutual Bonds/CD's \_\_\_\_\_ Stocks \_\_\_\_\_ Annuities \_\_\_\_\_ 401K or Retirement \_\_\_\_\_

**PROPERTY** (please circle): Motorcycle / Boat / Snowmobile / ATV / RV Value: \_\_\_\_\_

**5. MONTHLY HOUSEHOLD INCOME \* List amounts for everyone in the house.**

	<u>AMOUNT</u>	<u>WHEN RECEIVED? (what day, or weekly or monthly)</u>
Adoption Payments	\$ _____	_____
ANB (Aid to the Needy Blind)	\$ _____	_____
APTD (Perm / Totally Disabled)	\$ _____	_____
Child Support	\$ _____	_____
Employer Disability	\$ _____	_____
Food Stamps	\$ _____	_____
Fuel Assistance	\$ _____	_____
Gifts / Inheritance / Friends / Parents	\$ _____	_____
Insurance Claim payments	\$ _____	_____
Maternity Benefits	\$ _____	_____
OAA (Old Age Assistance)	\$ _____	_____
Pension or Retirement	\$ _____	_____
Severance or Vacation Pay	\$ _____	_____
SSDI (Social Security / Disability)	\$ _____	_____
SSI (Supplemental Security)	\$ _____	_____
TANF (Financial Aid Needy Families)	\$ _____	_____
Unemployment Check	\$ _____	_____
Vocational Rehabilitation Payments	\$ _____	_____
Worker's Compensation Payments	\$ _____	_____
OTHER:	_____	_____

**6. MONTHLY EXPENSES: PLEASE LIST MONTHLY AMOUNTS YOU PAY**

Pet food \_\_\_\_\_ Diapers / Wipes \_\_\_\_\_ Medications \_\_\_\_\_  
 Cigarettes \_\_\_\_\_ Electric \_\_\_\_\_ Life Insurance \_\_\_\_\_  
 Telephone \_\_\_\_\_ Food (+ school lunches) \_\_\_\_\_ Rent / Lot Rent \_\_\_\_\_  
 Cable \_\_\_\_\_ Storage \_\_\_\_\_ Mortgage \_\_\_\_\_  
 Internet \_\_\_\_\_ Bank Fees \_\_\_\_\_ Condo Fee \_\_\_\_\_  
 Fast food /eating out \_\_\_\_\_ Child Support Paid \_\_\_\_\_ Home/Rent Insurance \_\_\_\_\_  
 Trash pick-up \_\_\_\_\_ Health Insur. (if not out of check) \_\_\_\_\_ Taxes \_\_\_\_\_  
 Coffee(McDs/DuncDonut) \_\_\_\_\_ Car Payment \_\_\_\_\_ Laundry & Household \_\_\_\_\_  
 Alcohol \_\_\_\_\_ Car Insurance \_\_\_\_\_ Childcare \_\_\_\_\_  
 Credit Cards \_\_\_\_\_ Car Gasoline \_\_\_\_\_ Water & Sewer \_\_\_\_\_  
 Rent-to-own \_\_\_\_\_ School Loans \_\_\_\_\_ Other monthly bill \_\_\_\_\_

**OTHER BILLS PAID IN LAST 30 DAYS (BRING PROOF YOU PAID THEM!)**

Car Inspection \_\_\_\_\_ Car Repairs \_\_\_\_\_ Car Registration \_\_\_\_\_ License \_\_\_\_\_  
 Fines/Court Fees \_\_\_\_\_ Home Repairs \_\_\_\_\_ Dentist \_\_\_\_\_ Vet Bills \_\_\_\_\_  
 Personal Loan \_\_\_\_\_ Medical Bills \_\_\_\_\_ Medical Co-pays \_\_\_\_\_ Movies \_\_\_\_\_  
 Fuel Oil / Pellets / Kerosene / Wood \_\_\_\_\_ Funeral \_\_\_\_\_ Classes \_\_\_\_\_  
 Other (explain): \_\_\_\_\_

**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 if I receive assistance from the Town I may be required to work in workfare program. (RSA 165:31) I understand I may be required to repay assistance received if I am returned to an income status in which I can reimburse without financial hardship. (RSA 165:20-b). I understand if I am assisted the Town may place a lien against real property I own. (RSA 165:28). I certify if I have a lawsuit, worker's compensation claim, or aid from any other social service agency pending, they are listed on this application. I further agree to notify the Welfare Official immediately upon receipt of money from/upon the settlement of claim. I understand if I am assisted, the Town may place a lien against any property settlement within six years of receiving municipal assistance. (RSA 165-28a). I certify information provided is complete to the best of my knowledge. I understand I have to provide documents and verification to Welfare Officer to make a determination. I certify all information I provide is truth in disclosing information. If I knowingly give false information or withhold information I will be prosecuted for Unsworn Falsification (RSA 641:3). If I become employed after I receive assistance and later quit the job without good cause, I will be ineligible for local assistance from the Town and other NH municipalities for up to 90 days. (RSA 165:1-d) I understand if receive 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 Town may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant Signature

\_\_\_\_\_  
 Date

**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, Social Security, State/County DHHS, BEAS, DES, VA, DCYF, IRS, Southwestern Community Services, New Hampshire Legal Assistance, Alcohol/Substance abuse treatment center or rehabilitation- past or current, Vocational Rehabilitation, or any agency having information concerning me/us, to furnish and release such information to the Welfare Director.

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

**NOTICE OF RIGHTS FOR GENERAL ASSISTANCE RECIPIENTS**

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
5. You have a right to have a hearing to present your case.
6. You have a right have your assistance continued if you are already receiving assistance when you request a fair hearing.
7. You have a right to review the information in your file before your hearing.
8. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
9. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
10. You have a right to refuse to participate in municipal workfare program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

## **RENTAL VERIFICATION FORM**

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

(Number/Street)

(Apt. #)

(City)

(State)

Number of Household Members: \_\_\_\_\_ List of Household Members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupancy date: \_\_\_\_\_ Security Deposit: Amount: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Rent amount: \$ \_\_\_\_\_; paid  monthly  weekly  other \_\_\_\_\_

If subsidized rent, please list tenant portion: \$ \_\_\_\_\_

Rent Includes:  All utilities  No Utilities  Hot Water  Heat  Electric

Type of Heat:  Electric  Oil  Gas  Other \_\_\_\_\_

Date last rent was paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Back rent owed: \$ \_\_\_\_\_

*(if back rent is owed, please attach accounting of months and amounts)*

**For IRS reporting, landlord's Tax ID or Social Security # must be provided:**

Tax ID #: \_\_\_\_\_ OR Social Security #: \_\_\_\_\_

**CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)**

\_\_\_\_\_  
Landlord's Name Telephone / Fax Numbers

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Name of Manager or other Representative

\_\_\_\_\_  
Landlord Signature Date