



PAPERWORK NEEDED TO DETERMINE ASSISTANCE

Town of Jaffrey, Welfare Department

FAX NUMBER: 603-532-7862

- _____ New application
 - _____ Paystubs for self / partner for LAST 4 WEEKS. Call employer to fax
 - _____ Electric Bill (NOT SHUT-OFF NOTICE) Ask PSNH to fax if can't find
 - _____ Car receipts for repairs done (in last 4 weeks only)
 - _____ Fuel Oil statement showing payments made (in last 4 weeks only)
 - _____ Rent or Mortgage payment
 - _____ Food stamps or TANF approval letter showing amounts received
 - _____ Child support order
 - _____ Checking + Savings statement (last 4 weeks only) – ask bank to fax
 - _____ Social security / Disability letter of amount received
 - _____ Childcare paid summary (last 4 weeks)
 - _____ Medication paid summary (last 4 weeks)
 - _____ Unemployment notice of weekly amount
 - _____ Other
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