

Town of Milford
Welfare Department
1 Union Square
Milford, NH 03055
(603)673-3735 Fax (603)672-1077

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

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

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested: _____

Reason for request _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

List below all persons living in your household:

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

If at your current address less than 12 months, please list past 12 month's addresses:

Street	Town/City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Housing Information:

Rental amount _____ per (month/week)(circle one). Date last paid _____. Date due _____

Do you have a current: Demand for Rent Notice to Quit Landlord/Tenant Writ

Total rent owed _____. Do you have a housing subsidy? (Yes/No). If yes, how much? _____

Total # of bedrooms _____

Utilities Included: Heat Electric Gas Water/Sewer Other

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____

Bank/Mortgage Co _____ Address _____

3. Education / Training / Employment

	<u>Highest Grade Attended</u>	<u>G.E.D. or Diploma</u>	<u>Special Training or Skills</u>	<u>Military Service</u>
Applicant:	_____	_____	_____	_____
Spouse/Co-Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When began work _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____ Date/Amount last check _____

Are you able to work now? _____ If not able, why not? _____

Current and two most recent jobs of you and all household members aged 18 & older:

Name: _____ Employer: _____ Pay: Bi-weekly/ Weekly _____

Employment dates: _____ Reason for leaving: _____

Name: _____ Employer: _____ Pay: Bi-weekly/Weekly _____

Employment dates: _____ Reason for leaving: _____

Continue on another sheet if needed:

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

Provide current value of any assets held by you and all household members:

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____
Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____
Trust Funds _____ Retirement Accounts _____ Insurance Policies (cash value) _____
401k _____ Property other than primary residence _____ Location _____
Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____
Other Assets (please list) _____

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>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Claims/settlements/income due to you or any household member:

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____
Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____
Other Lump Sum Payment (explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit?

Lawyer Name/Address _____
Reason _____
Do you or any household member have a lawsuit pending? _____ Who? _____
Please give details _____
Lawyer Name/Address _____

6. Household Expenses

List actual or estimated regular monthly expenses. (Not all expenses will be allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Prescriptions _____
Cable/Internet _____	Food _____	Rent _____
Child Support Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

7. Liability for Support Information: RSA 165:19

Please provide following details:

Your father _____ Address _____
Telephone number _____

Your mother _____ Address _____
Telephone number _____

Co-applicant father _____ Address _____
Telephone number _____

Co-applicant mother _____ Address _____
Telephone number _____

Your or co-applicant's adult children _____
Telephone number _____

8. Certifications and Signatures

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, after deduction of the value of workfare hours I have completed, 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 that 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 or civil judgment for personal injuries which I receive within six (6) years of receiving municipal assistance. (RSA 165-28a)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true and accurate summary of my income, assets and needs. 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 in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (RSA 165L1-d)

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days (90) days. (RSA165:1-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

Spouse or Co-applicant Signature

Date

Signature of person completing form
(If not applicant)

Date

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION
(Specific agency/individual)**

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes the Welfare Official from the Town of Milford to obtain information from any of the agencies listed below, regarding factors relevant to my application for general assistance benefits.

SHARE	Bank Accounts	Employer	Mortgage Co.	Medical
Landlord	Utilities	SNHS	Other _____	

This authorization shall expire one (1) year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

Applicant

Date

Milford Welfare Official

Date

Town of Milford
Welfare Department
1 Union Square
Milford, NH 03055
(603)673-3735 Fax (603)672-1077

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE
FROM THE TOWN OF MILFORD**

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, each time you apply, telling you whether or not you will receive 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 to 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.

REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____
Social Security Number: _____ D.O.B.: _____
Address: _____ Phone: _____

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:

- ____ Completed Application Form
- ____ Rental Verification Form
- ____ Last four week's pay-stubs or other proof of net wages
- ____ Last four week's receipts or other proof of bills paid or currently due
- ____ Employment verification form from your employer
- ____ Employment termination form from your last employer
- ____ You have applied for/are receiving Social Security benefits
- ____ You have applied at the DHHS Office (19 Chestnut St.) for: (circle those that apply)
 - Emergency Food Stamps Food Stamps TANF
 - Daycare APTD/FAP NHEP
 - TANF Emergency Assistance
- ____ You have applied for/are receiving Fuel Assistance benefits
- ____ Verification of injury or illness
- ____ You have applied for/are receiving Unemployment Compensation
- ____ If available, picture ID (Adults); Birth certificate/SS card (minors)
- ____ Vehicle registration
- ____ Savings and checking account, liquid asset statements, bankbooks
- ____ Statement child support payments received/Child support court order
- ____ Statement from room-mate(s) regarding division of expenses
- ____ Other _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Welfare Official

Applicant Signature

