

Town of Milford – Welfare Department  
 1 Columbus Ave, Milford NH 03055  
 603/249-0672

**APPLICATION FOR ASSISTANCE**

Date of Application: \_\_\_\_\_ Referred by: \_\_\_\_\_

Reason for Requesting Assistance: \_\_\_\_\_

Have you applied for local assistance before? \_\_\_\_\_ Under what name? \_\_\_\_\_

List all persons living in this household:

Name	Marital status	Date of Birth	Social Security #	US Citizen?

**Housing Information:**

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

Telephone: \_\_\_\_\_ How long at this address? \_\_\_\_\_ Previous Address: \_\_\_\_\_

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

Total rent owed? \_\_\_\_\_ Do you have a housing subsidy? Yes/No. If yes, how much do you pay? \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone \_\_\_\_\_

If you are a home owner: Mortgage Amount \_\_\_\_\_ Date last paid \_\_\_\_\_ Owed \_\_\_\_\_

Bank/Mortgage Company \_\_\_\_\_

**Education for all Adults listed above:**

Name	Highest Grade Completed	GED or Diploma	Special Training or skills	Military Service

Schools that the children attend: \_\_\_\_\_

**Employment for all Adults listed above:**

Name	Employer	Unemployed	Disabled	Last dated worked

**Household Assets:**

Provide information regarding accounts held by all household members:

Name	Bank	Savings Acct #	Balance	Checking Acct #	Balance

Provide current value of any assets held by any member of this household:

Cash on hand:	\$	401k	\$	Savings Bonds	\$
Mutual Funds	\$	Annuities	\$	Stocks	\$
Trust Funds	\$	Retirement Accounts	\$	Insurance Policies (cash value)	\$
Certificate of Deposit	\$	Property other than primary residence	\$	Other investments	\$
Motorcycles/ Boats / ATVs / Snowmobiles / RVs	\$	Other Assets, please list:			\$

Motor vehicles owned by all household members:

Owner	Auto Make	Model	Year	Value	Payment	Insurance

**Claims/Settlements/income due to any household member:**

IRS Refund \_\_\_\_\_ Insurance Claim \_\_\_\_\_ Retroactive disability check \_\_\_\_\_

Retroactive Unemployment or Work's Comp check \_\_\_\_\_ Inheritance \_\_\_\_\_

Other, please explain \_\_\_\_\_

**Does any member of the household have a lawsuit pending?**

Details \_\_\_\_\_

Lawyer's name/address \_\_\_\_\_

**Indicate any benefits or income received or applied for by any household member:**

	Name	Date Applied	Last Received	Monthly Amount
ANB (Aid to the Needy Blind)				
APTD (Aid to Perm Disabled)				
Child Support				
Disability (Employer)				
Food Stamps				
Fuel Assistance				
Gifts/Loans				
Maternity Benefits				
Medicaid				
OA (Old Age Assistance)				
Retirement				
Severance Pay				
SSDI				
SSI				
Social Security				
TANF (Temp Aid Needy Family)				
Unemployment				
Vacation Pay				
Vocational Rehabilitation				
WIC (Women/Infant/Children)				
Worker's Compensation				
Other, please explain				

**Household Expenses – Please list actual or estimated expenses.**

Bank fees	\$	Bus/Cab	\$	Cable/Internet	\$
Child Support	\$	Car Gas	\$	Condo Fee	\$
Child Care	\$	Credit Card	\$	Diapers	\$
Electric	\$	Food	\$	Fuel oil	\$
Fuel, gas	\$	Health Insure	\$	Laundry	\$
Loan	\$	Lot Rental	\$	Prescriptions	\$
Rent-to-own	\$	School loan	\$	Storage	\$
Telephone	\$	Other	\$	Other	\$

**Unplanned, emergency or irregular expenses that you have paid in the past 30 days:**


**Liability for Support Information, RSA 165:19. Please provide the following details:**

Father's Name	Address	Phone #
Mother's Name	Address	Phone #
Co-Applicant Father	Address	Phone #
Co-Applicant Mother	Address	Phone #
Adult Children	Address	Phone #

## 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

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

- \_\_\_\_\_ Completed Application form
- \_\_\_\_\_ Landlord verification form (in application package), Demand for rent or notice from Landlord that rent is needed, lease, and information from Housing regarding subsidy
- \_\_\_\_\_ Utility Bills: \_\_\_ electric, \_\_\_ oil, \_\_\_ propane, \_\_\_ phone, \_\_\_ water, \_\_\_ cable, \_\_\_ other
- \_\_\_\_\_ Child care bills or receipts.
- \_\_\_\_\_ Car repair/ Registration/ Inspection bills/ Car payment book or contract
- \_\_\_\_\_ Birth certificates for minor children.
- \_\_\_\_\_ Marriage/ Divorce certificates/ Documentation.
- \_\_\_\_\_ Proof of/ or Receipt of DHHS application/ Assistance being given.
- \_\_\_\_\_ Bank statements for all accounts of BU members of household members
- \_\_\_\_\_ 401k or any other investment/ Retirement account statements.
- \_\_\_\_\_ Pay stubs/ Proof of other income/ Self employment application/ Unemployment compensation/ or Wage verification form (receive form from welfare official), or Terminated employment form (receive from welfare official).
- \_\_\_\_\_ Application for social security disability/ or Social security letter indicating social security income.
- \_\_\_\_\_ Proof you have applied for fuel assistance
- \_\_\_\_\_ If you're not working due to medical reasons- Doctor letter stating ability to work/ Disability status.
- \_\_\_\_\_ Picture ID/ SS card
- \_\_\_\_\_ Proof of child support payments/ or Receipts of child support received/ and Court papers indicating support order.
- \_\_\_\_\_ If applicable: letter from roommate regarding division of expenses
- \_\_\_\_\_ Medication/ medical receipts
- \_\_\_\_\_ Car insurance/ renters insurance/ home insurance face sheet/ or bill
- \_\_\_\_\_ Other

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 years of receiving municipal assistance. (RSA 165- 28a)

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. (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)

I understand that my parents/step- parents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves. (RSA 165:19)

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 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 641:3) and/or Theft by Deception. (RSA 637)

**Authorization to Release or Exchange Information \***

I/ We authorize any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the TOWN OF MILFORD Welfare Director. The Social Security Administration, the Division of Health & Human Services and the Department of Employment Security may release information in their files to this office. I/ we authorize the TOWN OF MILFORD WELFARE to release information as requested to the Division of Health & Human Services, Social Security Administration, Department of Employment Security, school personnel, attorney, physician, landlord, other town welfare offices, or any agencies providing supportive services regarding medical, housing/shelter, or financial assistance.

**Applicant**

**Co- Applicant**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of person completing form  
(if not the applicant)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*\* The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the TOWN OF MILFORD Welfare Director or up to six (6) months after assistance has ended.*





**TOWN OF MILFORD**  
 ONE COLUMBUS AVE  
 MILFORD, NH  
 (603)249-0672 fax: (603)262-1081  
 sdrew@milford.nh.gov

WELFARE

**BASIC NEEDS POLICY**

Per the TOWN OF MILFORD WELFARE guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for general assistance. This department will direct the applicant/recipient to apply for all other resources and also will require the applicant/recipient to use current resources to meet basic needs in order to reduce the need for general assistance.

While working with this department, you will be required to use your earned or unearned resources for basic needs only. These are:

- |                           |               |
|---------------------------|---------------|
| Rent/Mortgage             | Diapers       |
| Food                      | Utilities     |
| Non-food hygiene products | Prescriptions |

The cost of public transportation will be allowed if needed for work or medical appointments or other appointments made in order to meet conditions of assistance.

Following are examples of what may be UNALLOWABLE expenses in determining eligibility:

- |                        |                             |
|------------------------|-----------------------------|
| Telephone              | Insurance Payments          |
| Credit Card Payments   | Bail Payments               |
| Loan Payments          | Repayment of personal loans |
| Cable & Internet       | Restaurant/Fast Food        |
| Miscellaneous Payments | Tobacco/Alcohol Products    |

As a condition of assistance, you will be required to first use all available resources, as directed, to meet your basic needs. Unaltered, dated receipts for these expenses are required. Should you choose to use your resources for other than basic needs as outlined above and/or in your written decision from this department, those amounts will be considered available to you, and assistance will be reduced accordingly, a sanction or denial may be issued.

I/We have read and reviewed the Basic Needs Policy with my/our Welfare Director.

Applicant: _____	Co-Applicant: _____
Signature: _____	Signature: _____
Date: _____	Date: _____



**TOWN OF MILFORD**

ONE COLUMBUS AVE

MILFORD, NH

(603)249-0672

fax: (603)262-1081

sdrew@milford.nh.gov

**WELFARE**

**PROPERTY OWNER VERIFICATION FORM**

*This form must be completed by the property owner or agent in its entirety or it will not be accepted as valid.*

Name(s) on Lease: \_\_\_\_\_

All other household Members: \_\_\_\_\_

Address of Rental: \_\_\_\_\_

Rental Amount: \$ \_\_\_\_\_ Per:  Month  week  Bi-weekly Date Due: \_\_\_\_\_

Security Amount: \$ \_\_\_\_\_

Paid By:  Check  Cash  Money Order  Sec Dep Loan Program

Does tenant pay full amount of rent? Yes No (circle one) If NO, please specify:

Rental subsidy from \_\_\_\_\_ for \$ \_\_\_\_\_ Tenant's Share: \$ \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_ Date Rent Last Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Current Rent Due: \$ \_\_\_\_\_ Indicate any utilities included in rental amount

Past Rent Due: \$ \_\_\_\_\_  Heat  Gas  Electric  Hot Water Only  Water

Damage/Late/ Legal Fees: \$ \_\_\_\_\_ Unit Type:

Room  Apt  Home  Other # of bedrooms: \_\_\_\_\_

Total Due: \$ \_\_\_\_\_ Is tenant currently under eviction? Yes No (circle one)

Number of Notices to Quit/Demands for Rent issued in the last 12 months: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_

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

OR....If this property is managed by an authorized Business or Agency, please complete the following:

Business/Agency Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

**Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.**  
**\*\*YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION\*\***  
Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business/agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.  
**\*\*THIS FORM AND THE W9 MAY BE FAXED TO OUR OFFICE\*\***

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Property Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_