APPLICATION FOR ASSISTANCE

	Referred by		
General Information:			
Name		Date of Birth	
Address			
	Social Security number		US Citizen?
Marital Status	Rent or Own?	_ How long at thi	is address?
Spouse/Co-Applicant N	Name	SS#	
	same as applicant)		
Assistance Requested			
Reason for request			
Have you applied for lo	ocal assistance before?	When?	
Where?		Under what i	name?
	living in your household.		
List below all persons Full Name	Relationship I	Date of Birth	an annual annual A
Full Name	Relationship I		

2. Housing Information:

Rent amountper (month	h/week)Date last paid Date due	
Total rent owed	Do you have a housing subsidy?	
Utilities Included: Heat	Electric Gas Water/Sewer Othe	er
LANDLORD: Name	Telephone	
IF HOME-OWNER: Mortgage Amou	ınt Date last paid Owed	
Applicant:	le G.E.D. or Mili <u>Diploma</u> <u>Special Training or Skills</u> <u>Ser</u>	itary <u>vice</u>
When began work	Date/Amount of most recent check	
Current and two most recent jobs of	f yourself and all household members aged 18 & older: Weekly/ Employment Reason for	
	Do you have a current: Demand I Total rent owed Utilities Included: Heat LANDLORD: Name Address IF HOME-OWNER: Mortgage Amou Bank/Mortgage Co Education / Training / Employment Highest Grad Attended Applicant: Spouse/Co-Applicant: Applicant Work History: Are you employed now?Em When began work Are you unemployed now?Em Date last worked Emplo Are you able to work now? Current and two most recent jobs o	Highest Grade Attended Diploma Special Training or Skills Ser Applicant: Spouse/Co-Applicant: Applicant Work History: Are you employed now?EmployerPosition When began workDate/Amount of most recent check Are you unemployed now?Reason Date last workedEmployerDate/Amount last check Are you able to work now?If not able, why not? Current and two most recent jobs of yourself and all household members aged 18 & older:

4. Household Assets:

Provide inform	mation regarding accou	nts held by y	Savings	Checking	Checking
<u>Name</u>	Bank/Credit Union	Acct. #	Balance	Acct. #	
	ent value of any assets h				
	(all household combined				
	Mutual 1				
Trust Funds	Retirement A	ecounts	Insurance	Policies (cash	ı value)
401k P	roperty other than prima	ry residence		Location	
Other Investm	ents	_Motorcycles	Boats/Snowmob	oiles/ATV's/R	V's
Other Assets (please list)				-
	ments/income due to yo				
IRS Refund_	Insurance C	laim	Retroact	ive disability o	heck
Retroactive U	nemployment or Worker	's Compensat	ion check	In	heritance
Other Lump S	Sum Payment (explain) _				
Have you or	any household member	consulted a	lawyer regardir	ig a possible l	awsuit?:
Lawyer Name	e/Address				
Reason			7		-
Do you or an	ıy household member h	ave a lawsuit	pending?	Who?	
	etails				
Lawyer Nam	e/Address				
Motor vehic	les owned by you and a	ll household	members:		
Owner		del <u>Yea</u>		Paymen	nts Insurance
Owner	Auto Wake 140				

5. Household Income

Indicate any benefits or income	e received or applied Name	I for by you or Date Applied	r any household Date Last Received	member: Monthly Amount
ANB (Aid to the Needy Blind)		100 Ti		
APTD				
Child Support				
Disability (Employer)	*			
Food Stamps				
Fuel Assistance				
Gifts/Loans				
Maternity Benefits				
Medicaid				
OAA (Old Age Assistance)				
Retirement				
Severance Pay				
Social Security				
SSDI (SS Disability)				
SSI (Supplemental Security)				
TANF				
Unemployment				
Vacation Pay				
Veteran's Pension				
Vocational Rehabilitation				
WIC(Women/Infants/Children)				
Worker's Compensation				
Other: [
Are you or any other household from any other agencies?	member working, v	olunteering, 2	and/or receiving	assistance
Name	Agency Name		Contact I	Person

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___ 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 Reparis ____ Tax (Income/Property)_____ Dental _____ Home/Rent Insurance ____ Other___ 7. Criminal Information Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) ______ If yes, who?____ When? ____ Town/City & State of conviction ______ Details of conviction: _____ Are you or any member of your household presently on parole or probation? (yes/no)_____ If yes, who? _____Court or jurisdiction? ____ Name & phone number of parole/probation officer_____ 8. Liability for Support Information Please provide following details: Your father _____ Address ____ Your mother Address Co-applicant father_____ Address ____ Co-applicant mother_______Address _____ Your or co-applicant's adult children

9. Certifications and Signatures

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 the Town of Deerfield without financial hardship. (RSA 165:20-b).

I understand that if I am assisted the Town of Deerfield 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 Town of Deerfield 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 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)

I understand that if I obtain a job after I am assisted by the Town of Deerfield, and I later quit the job without good cause, I may be ineligible for local assistance from the Town of Deerfield 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 Town of Deerfield 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

1/1/2	
I/We,	, authorize any relative,
	urance company, mental health professional,
school official or other person or organi	zation having information concerning my/our
circumstances to furnish such information	to the Town of Deerfield, Office of Welfare.
	Service, Social Security Administration, any
	man Services, Division of Children Youth and
	w Hampshire Legal Assistance, any City/Town
	nent of Employment Security, Veteran's
	non-profit agency to release information from
their files to the Town of Deerfield, Office of	or welfare.
Applicant Signature	Date
Spouse or Co-applicant Signature	D
spouse of Co-applicant signature	Date
Signature of person completing form (if not applic	cant); Relationship to applicant
Date	
Date	