

TOWN OF GORHAM NEW HAMPSHIRE

CASE # _____

APPLICATION FOR PUBLIC 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) _____

Are you or your co-applicant known by any other name or alias? _____

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

(Household is defined as – 1. The applicant & persons residing with him/her in the relationship of father, mother, stepfather, stepmother, son, daughter, husband, wife or significant other. 2. The applicant and any adult including an unrelated person, who resides with the applicant “in loco parentis” {in the role of substitute parent} to a minor child. A person “in loco parentis” is one who intentionally accepts the rights and duties of a natural parent with respect of a child not his/her own and who has lived with the child long enough to form a “psychological family.”)

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:

Rent amount _____ per (month/week) _____ 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? _____

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

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

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

Work Start Date _____ 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 yourself and all household members aged 18 & older:

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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) _____

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 _____

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

5. Household Income

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

	<u>Name</u>	<u>Date Applied</u>	<u>Date Last Received</u>	<u>Monthly Amount</u>
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD (Aid to the Permanently & Totally Disabled)	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Child Day Care	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
Boarders In Your Household	_____	_____	_____	_____
Help From Family & Friends	_____	_____	_____	_____

2. Child's Name & Address _____ DOB: _____

Absent Parent's Name & Address: _____

Amount Last Received: _____ Date Last Received: _____ Next Date Due: _____

Are Support Payments Made Directly To You? _____ If Not Where? _____

Are Support Payments Court Ordered? _____ Name & Address of Court: _____

3. Child's Name & Address _____ DOB: _____

Absent Parent's Name & Address: _____

Amount Last Received: _____ Date Last Received: _____ Next Date Due: _____

Are Support Payments Made Directly To You? _____ If Not Where? _____

Are Support Payments Court Ordered? _____ Name & Address of Court: _____

7. Household Expenses

List all Household Expenses, Date Last Paid and the Amount Due. (You Must Provide Complete Information) (Not all expenses will be allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Mortgage _____ Date Last Paid: _____ Total Amount Due: _____

Home Insurance _____ Date Last Paid: _____ Total Amount Due: _____

Electric _____ Date Last Paid: _____ Total Amount Due: _____

Telephone _____ Date Last Paid: _____ Total Amount Due: _____

Rent _____ Date Last Paid: _____ Total Amount Due: _____

Lot Rent _____ Date Last Paid: _____ Total Amount Due: _____

Cable/Internet _____ Date Last Paid: _____ Total Amount Due: _____

Rent-To-Own _____ Date Last Paid: _____ Total Amount Due: _____

Fuel Oil _____ Date Last Paid: _____ Total Amount Due: _____

Gas, Bottled _____ Date Last Paid: _____ Total Amount Due: _____

Child Support Paid _____ Date Last Paid: _____ Total Amount Due: _____

School Loan _____ Date Last Paid: _____ Total Amount Due: _____

Car Payment _____ Date Last Paid: _____ Total Amount Due: _____

Car Insurance _____ Date Last Paid: _____ Total Amount Due: _____

Health Insurance _____ Date Last Paid: _____ Total Amount Due: _____

Child Care _____ Date Last Paid: _____ Total Amount Due: _____

Credit Card _____ Date Last Paid: _____ Total Amount Due: _____

Credit Card _____ Date Last Paid: _____ Total Amount Due: _____
 Credit Card _____ Date Last Paid: _____ Total Amount Due: _____
 Food _____ Prescriptions _____ Car Gasoline _____
 Cell Phone _____ Storage _____ Laundry _____
 Bank Fees _____ Diapers _____
 Loan 1. : _____ Date Last Paid: _____ Total Amount Due: _____
 Loan 2. : _____ Date Last Paid: _____ Total Amount Due: _____
 Other _____ Date Last Paid: _____ Total Amount Due: _____
 Other _____ Date Last Paid: _____ Total Amount Due: _____

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 _____

8. 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 _____

9. 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 _____

10. 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 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 the municipality assists me, 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)

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date

**NOTE: ANSWER ALL QUESTIONS.
INFORMATION LEFT BLANK WILL DELAY OR VOID APPLICATION.**