TOWN OF PETERBOROUGH – HUMAN SERVICES DEPARTMENT

GENERAL APPLICATION FOR ASSISTANCE

WARNING

If you do not complete this application in full before your appointment your appointment will be rescheduled

What you need to bring to your appointment:

- Proof of income for all adult members of your household for the past four weeks – this includes:
  - Wages
  - Unemployment benefits
  - Statement of other assistance (i.e. food stamps, child care, TANF, etc.)
  - Pension
  - Cash settlements
  - Child support
  - Social Security income
  - Tax returns
  - Any other income

- Proof of expenses for the household for the past four weeks – this includes:
  - Electric bill
  - Heating fuel bill
  - Child support
  - Lease or rental verification form completed by landlord
  - Mortgage statement
  - Medical bills
  - Any other necessary expenses

- Bank statements for all accounts held by all adults in your household, including checking, savings, investment and retirement accounts. Printouts must show the current balance.

- If applicable, please also bring the following:
  - Demand for rent/notice to quit
  - Disconnect notice

Please bring the original documents – we will make any necessary photocopies

TOWN OF PETERBOROUGH
1 GROVE STREET
PETERBOROUGH, NH 03458
603-924-8000 fax: 603-925-0908
administration@peterboroughnh.gov

THIS APPLICATION IS A LEGAL DOCUMENT

Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material become the property of the TOWN OF PETERBOROUGH and shall be considered confidential.

It shall be the right of any individual regardless of race, age, gender, sexual orientation, religious or political affiliation to apply for local welfare assistance.

Each application will be reviewed with the applicant in order to make a determination regarding the applicant's eligibility for assistance. If the applicant does not agree with the decision of the Deputy Town Administrator regarding the determination of eligibility based on the current Welfare Guidelines of the TOWN OF PETERBOROUGH, the applicant may request a Fair Hearing within five (5) days of the date of such written decision.

YOU, THE APPLICANT, ARE RESPONSIBLE AT EACH APPOINTMENT FOR PROVIDING FULL AND ACCURATE INFORMATION REGARDING YOUR HOUSEHOLD INCOME AND EXPENSES, HOUSEHOLD MEMBERS, CURRENT ADDRESS, DETAILS OF YOUR CURRENT SITUATION AND ANY CHANGES IN REGARDS TO THIS INFORMATION.

All questions must be answered fully. Failure to complete any part of this application may delay processing the request for assistance. Blank spaces will be considered an omission of information. Applicants must comply with any requests for information by the Deputy Town Administrator necessary for determination and investigation of applicant's eligibility for assistance. Failure to comply with requests may result in withdrawal of the application for assistance, denial of assistance requested, or suspension pursuant to RSA 165:1- b.

* If a question on this form is unclear to you, discuss it with the welfare official.

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred By _____

Assistance Requested _____

Reasons for Request _____

1. General Information

Applicant

Name: _____ Date of Birth: _____

Current Address _____

Mailing Address, if different _____

Home Phone _____ Rent or Own? ____ How long at this address? _____

Type of Housing: _ House _ Apt _ Mobile Home Other: _____

Household Composition: # 18 & Over ___ # under 18 ___ # of Bedrooms ___

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

Street	Town/City	State	Dates of Residence

Cell Phone:_____ Work Phone: _____ Social Security# _____

E-Mail Address: _____ Marital Status: _____

Education: _ High School Diploma _ Less than HS Diploma _ GED _ Some College
_ 2 Year Associates _ 4 Year Bachelor _ Graduate Studies

Citizenship: _ United States _ Other: _____

Ethnicity: _ White/Caucasian _ Other: _____

Special Training/Skills: _____

Currently employed? _ Full Time _ Part Time _ Self Employed _ Unemployed

Have you applied for local assistance before? _ Yes _ No When? _____

Where? _____ Under What Name? _____

Actively serving in the U.S. Military? _ Yes _ No If YES, Branch _____

U.S. Veteran? _ Yes _ No Discharge Date: Month ____ Year ____
Discharge Status: _ Honorable _ Dishonorable _ Other

Do you have Medicare or Medicaid? (circle one) ID Number: _____

Other Insurance:_____ EBT Card # _____

Spouse/Co- Applicant

Name: _____ Date of Birth: _____

Cell Phone: _____ Work Phone: _____ Social Security# _____

E-Mail Address: _____ Marital Status: _____

Education: _ High School Diploma _ Less than HS Diploma _ GED _ Some College
_ 2 Year Associates _ 4 Year Bachelor _ Graduate Studies

Citizenship: _ United States _ Other: _____

Ethnicity: _ White/Caucasian _ Other: _____

Special Training/Skills: _____

Currently employed? _ Full Time _ Part Time _ Self Employed _ Unemployed

Have you applied for local assistance before? _ Yes _ No When? _____

Where? _____ Under What Name? _____

Actively serving in the U.S. Military? _ Yes _ No If YES, Branch _____

U.S. Veteran? _ Yes _ No Discharge Date: Month ____ Year ____
Discharge Status: _ Honorable _ Dishonorable _ Other

Do you have Medicare or Medicaid? (circle one) ID Number: _____

Other Insurance: _____ EBT Card # _____

Other Household Members: List all persons living in your household

Full Name	Relation	Birth Date	Social Security #	Health Insurnace

If children listed have a biological parent not residing with you, list information on each child's biological parent. (Do not list yourself under Parent's Name)

Parent's Full Name	Relationship	Birth Date	Social Security #

2. Employment History

Applicant

Employer_____ Position _____

Date you started work:_____ Date & Amount of last paycheck:_____

Pay Period Frequency: _ Daily _ Weekly _ Bi-Weekly _ Monthly _ Quarterly

If you are currently unemployed, state reason: _____

Former Employer_____ Position _____

Date last worked:_____ Date & Amount of last paycheck:_____

Are you able to work now? _ Yes _ No If NO, why not?_____

List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for Leaving

Spouse/Co- Applicant

Employer_____ Position _____

Date you started work:_____ Date & Amount of last paycheck:_____

Pay Period Frequency: _ Daily _ Weekly _ Bi-Weekly _ Monthly _ Quarterly

If you are currently unemployed, state reason: _____

Former Employer_____ Position _____

Date last worked:_____ Date & Amount of last paycheck:_____

Are you able to work now? _ Yes _ No If NO, why not?_____

List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for Leaving

Work History for Other Household Members over 18: List two most recent jobs

Name	Employer	Pay	Employment Dates	Reason for Leaving

3. Housing Information

Rent $ _____ per (month/week) Date last paid _____ Date Due _____

Currently have: _ Demand for Rent/Notice to Quit _ Landlord/Tenant Writ

Total Rent Owed _____

Do you have a housing subsidy? _ Yes _ No If YES, how much? _____

Utilities Included: _ Heat _ Electric _ Gas _ Water/Sewer _ Other _____

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER:

Mortgage Payment: _____ Date last paid _____ Date Due _____

Bank/Mortgage Co _____ Telephone _____

Address _____

Do you have a foreclosure notice? _ Yes _ No

4. Household Assets

Provide account information & current balances held by all household members:

Household Member	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance

Provide current value of the following assets held by all household members:

Asset	Value	Household Member
Cash on Hand (household combined)		
Certificates of Deposit (CDs)		
Retirement		
401K		
Life Insurance (Cash Value)		
Investments		
Time Share		
Real Estate		

List Properties and Locations (other than primary residence): _____

_____

Motor vehicles owned by you and all household members:

Owner	Auto Make/Model	Year	Value	Payments	Insurance

5. Claims/Settlements/Income due to you or any household member

IRS Refund:_____ Date Rec:_____ Insurance Claim:_____ Date Rec:_____

Retroactive disability check:_____ Date Rec:_____

Retroactive Unemployment or Worker's Compensation check:_____ Date Rec:_____

Inheritance:_____ Date Rec:_____

Other Lump Sum Payment (explain):_____

Do you currently have an attorney pursuing any civil suit, workers compensation claim, a social security denial, etc? _ Yes _ No If YES, complete the following, and briefly explain the details of the situation:

Attorney Name _____ Phone number _____

Address _____

6. Household Income/Benefits

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

Income:	Household Member	Amount	Date Last Received
ANB (Aid to the Needy Blind)			
APTD (Aid to Perm/Totally Disabled)			
Child Support			
Charities/Churches			
Disability (STDA/LTDA - Work)			
Gifts/Loans			
Income Tax Refund			
Maternity Pay/Benefits			
OAA (Old Age Assistance)			
Retirement Benefit			

Income (continued):	Household Member	Amount	Date Last Received
Severance Pay			
Social Security (Retirement)			
SSDI (SS Disability)			
SSI (Supplemental Security)			
TANF			
Unemployment (DES)			
Veteran's Pension			
Worker's Compensation			
Other: _____			
Other: _____			

Benefits:			
Child Care Assistance			
Food Stamps			
Fuel Assistance			
Medicaid			
WIC (Women/Infants/Children)			
Other: _____			
Other: _____			

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

Name	Agency Name and Phone#	Contact Person

7. Household Expenses

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

Expense	Monthly Expense	Any Amounts Past Due	Comments
Auto Fuel	_____	_____	_____
Auto Insurance	_____	_____	_____
Auto Loan	_____	_____	_____
Auto Registration/Inspection	_____	_____	_____
Auto Repairs	_____	_____	_____
Bank Fees	_____	_____	_____
Condo Assoc Fee	_____	_____	_____
Child Care	_____	_____	_____
Child Support Paid	_____	_____	_____
Credit Card	_____	_____	_____
Dental Care	_____	_____	_____
Diapers/Wipes	_____	_____	_____
Driver's License	_____	_____	_____
Electric	_____	_____	_____
Food	_____	_____	_____
Legal Fees/Fines	_____	_____	_____
Loan (Used for _____)	_____	_____	_____
Oil Heat	_____	_____	_____
Propane (Used for _____)	_____	_____	_____
Natural Gas (Used for _____)	_____	_____	_____
Health Insurance	_____	_____	_____
Home Repairs	_____	_____	_____
Home/Renter Insurance	_____	_____	_____
Laundry	_____	_____	_____
Medical Expenses	_____	_____	_____
Mortgage	_____	_____	_____
Prescritions	_____	_____	_____
Rent (Including _____)	_____	_____	_____

Expense (Continued)	Monthly Expense	Any Amounts Past Due	Comments
Rent - Option to Own	_____	_____	_____
Rent - MH Lot	_____	_____	_____
Storage Unit	_____	_____	_____
Taxes (Income/Property)	_____	_____	_____
Telephone (Landline/Cell)	_____	_____	_____
Telephone (Cable/Internet)	_____	_____	_____
Transportation (Bus/Cab)	_____	_____	_____
Water/Sewer Bill	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

8. Extended Payment Arrangements

Do you or any household members currently have an EXTENDED PAYMENT ARRANGEMENT with an electric or fuel company? _ Yes _ No If YES, complete the following:

Utility Company Name	Amount	
_____	$_____	(Circle one) weekly biweekly monthly
_____	$_____	(Circle one) weekly biweekly monthly
_____	$_____	(Circle one) weekly biweekly monthly
_____	$_____	(Circle one) weekly biweekly monthly

9. Other Assistance

Has any other organization(s) or individual helped you pay any of your bills in the last four (4) weeks? _ Yes _ No If YES, complete the following:

Organization/Individual's Name	Bill Paid	Amount	Date Assisted
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____

10. Criminal Information

Have you or any member of your household ever been convicted of a felony or misdemeanor which has not been annulled? _ Yes _ No
If YES, complete the following:

Name	Date	Town/City/State	Detail of Conviction

Are you or household member presently on parole or probation? _ Yes _ No
If YES, complete the following:

Name	Court	Parole/Probation Officer Name & Phone Number

11. Liability for Support Information

Parents/step-parents, spouse or grown children may be called upon to assist in time of need. Provide the following information:

APPLICANT:	Name	Address	Phone #
Father			
Mother			
Spouse, if not living with you:			

CO-APPLICANT:	Name	Address	Phone #
Father			
Mother			
Spouse, if not living with you:			

Adult Children:

List name, address and phone # of any adult children not living with you:

_____

_____

12. 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 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 PETERBOROUGH Deputy Town Administrator. 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 PETERBOROUGH Human Services Department 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

_____
Print Name

Signature:_____

Date:_____

Co- Applicant

_____
Print Name

Signature:_____

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 PETERBOROUGH Deputy Town Administrator or up to six (6) months after assistance has ended.*

ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES OF APPLICANTS AND BASIC NEEDS POLICY

I hereby acknowledge that I have received a copy of "Notice of Rights and Responsibilities of Applicants and Basic Needs" Form.

Printed Name_____

Signature_____

Date_____

NOTICE OF RIGHTS AND RESPONSIBILITIES OF APPLICANTS AND BASIC NEEDS POLICY

Rights of Each Applicant and Recipient

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 telling you whether or not you will receive assistance each time you apply for 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 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.

Responsibilities of Each Applicant and Recipient

At the time of initial application and at all times thereafter, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Human Services Department when there is a change in needs, resources, address, or household size.
3. To apply for and utilize immediately, but no later than seven days from initial application, any benefits or resources, public or private, that will reduce or eliminate the need for General Assistance. RSA 165:1-b, I (d).
4. To keep all appointments as scheduled.
5. To provide records and other pertinent information and access to said records and information when requested.

6. To provide a doctor's statement if claiming an inability to work due to medical problems.
7. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search, to accept employment when offered, and to maintain such employment.
8. Following a determination of eligibility for assistance, to participate in the Welfare Work Program if physically and mentally able. RSA 165:1-b, I (b).
9. To diligently work towards independence of local welfare assistance thru employment or other forms of public assistance or by banking available assets for moving into affordable housing.
10. To reimburse assistance granted per RSA 165:20-b.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification. Also, disqualification for general assistance may occur as set forth in RSA 165:1-b.
Any person may be denied or terminated from General Assistance, in accordance with, the Town of Peterborough Human Service Guidelines, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

BASIC NEEDS POLICY

Per the Town of Peterborough Human Services guidelines, it is the applicant/recipient's responsibility to utilize all available benefits or resources to reduce the need for general assistance. This department will direct the applicant/recipient to apply for other resources and will require the applicant/recipient to use current resources to meet all basic needs in order to reduce the need for general assistance, now and in the future.

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

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

Least costly transportation expense will be allowed if needed for work or medical appointments or other appointments made in order to meet conditions of assistance. Only basic telephone services is an allowable expense.

The following are examples of **unallowable** expenses:

Credit card payments	Bail payment/Court fine or fees
Loan payments	Repayment of personal loans/college loans
Cable & internet	Restaurant/fast food
Tobacco/alcohol products	Miscellaneous payments/program expenses and/or fees

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** detailing all expenses are **required.**