



## VERIFICATIONS REQUIRED FROM APPLICANTS FOR WELFARE

To apply for General Welfare Assistance, the following information must be presented at the time of your interview. All items are required (unless otherwise specified).

A good-faith effort to obtain information that may not immediately be available may not delay processing. If you cannot obtain the requested verifications, alternative means of providing the required proof will be discussed.

Failure to make a good-faith effort to obtain required verifications or to complete the application **may delay processing of the application or may result in denial of assistance.**

- 1. IDENTIFICATION – proof of identification such as picture ID, drivers license, birth certificate, or social security card.
- 2. MARITAL STATUS – Proof of marriage, divorce, or separation.
- 3. CHILDREN – Birth or baptismal certificate, social security card.
- 4. RESIDENCY – Lease, rent receipt or statement from person with whom you are staying or from whom you are renting. (Welfare Official is responsible for obtaining a Rental Verification Form).
- 5. EXPENSES – Bills from utilities, gas/oil/propane, telephone, storage unit, credit cards, medical facilities, cell phone, internet access, insurance, car payment, etc. Documentation of all expenses for household members for the 4 weeks prior to application (a log of expenses showing where, and on what items, money has been spent).
- 6. INCOME – Recent paycheck stubs – 4 weeks prior to application (if necessary, a Wage Verification form will be used by the Welfare Official) Court ordered support payments, Workers' Compensation, Social Security Benefits, Unemployment, Child Support, and any other income received by the household for all adults and children (including those under the age of 18 who are not currently attending high school).
- 7. STATE AID – Documentation on State Assistance – TANF, Food Stamps, Health, Childcare, etc. or Termination Notice from State Welfare Office for assistance.
- 8. CHILD SUPPORT BEING PAID – Documentation on child support for which you are responsible for paying.
- 9. PROPERTY – Proof of real or personal property such as registrations or deeds for all motor vehicles, trailers, boats, RVs, ATVs, motorcycles, snowmobiles, ownership of houses or land not being lived on, etc.
- 10. CASH RESOURCES – Bank statements and balances for all savings, checking, credit union, 401K accounts, stocks, bonds, trusts etc. If children have stocks or bonds, must provide proof that neither they nor you have access to funds.
- 11. UNEMPLOYMENT – Termination notice from previous employer (or Verification of Termination of Employment form may be used by the Welfare Official). Documentation on Unemployment appointments and job searches.
- 12. MEDICAL – Doctor's note from physician if unable to be employed. Receipts from prescriptions and medical supplies.



# TOWN OF LYNDEBOROUGH

## Welfare Department

PO Box 6 Lyndeborough, NH 03082  
(603) 654-5955 Fax: (603) 654-5777

### APPLICATION FOR TOWN OF LYNDEBOROUGH WELFARE 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:**

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**

	<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 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</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>	<u>Checking</u> <u>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>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____



**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 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 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 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)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Additional forms may be required: State Welfare release form, MAPS signature page, Welfare to Work**

**CERTIFICATION**

I/We hereby certify that the information I/we have provided on this application is true and complete to the best of my/our knowledge and belief and provides an accurate summary of my/our situation, assets, and needs. All the information I/we have provided in response to questions asked by the Welfare Official is also true and complete to the best of my/our knowledge and belief.

I/We understand I/we may have to provide documents and/or other forms of verification to prove the information asked on the application.

**I/We understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I/we may be prosecuted for a crime.**

\_\_\_\_\_  
Signature of Casehead

\_\_\_\_\_  
Signature of Spouse/Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**REIMBURSEMENT AGREEMENT**

I/We agree to reimburse the Town of Lyndeborough for Welfare Assistance, if possible at some future date. Such recovery of these expenses will be through a program of payment under State Statute RSA 165:28b.

\_\_\_\_\_  
Signature of Casehead

\_\_\_\_\_  
Signature of Spouse/Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PENDING DISPOSITION**

I/We agree that if i/we have a lawsuit, workers' compensation claim, or aid from any other social services agency now pending disposition, I/we will list the name, address, and phone number of my attorney, insurance company or any other agency that may be handling this claim on my behalf. **I/We further agree to notify the Welfare Official immediately upon receipt of any money from such claims(s) or the settlement of such claim(s).**

Lawyer's Name (or Insurance Company) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Brief description of claim \_\_\_\_\_

\_\_\_\_\_  
Signature of Casehead

\_\_\_\_\_  
Signature of Spouse/Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**INFORMATION RELEASE**

I/We understand that as part of the administration of this program, the Town of Lyndeborough may verify information I/we have provided on my/our application. There may be a need for other information that would affect my eligibility. My/Our signature(s) below authorizes the Welfare Official to obtain verification from any person or organization having information concerning my/our circumstances. The Social Security Administration and/or the Division of Health and Human Services may release information in their files to this office. Other possible sources of verification include:

- |          |               |          |
|----------|---------------|----------|
| Landlord | Bank Accounts | Employer |
| SNHS     | Medical       | Other    |

*A photocopy of this signed release may be used in place of the original*

\_\_\_\_\_  
Signature of Casehead

\_\_\_\_\_  
Signature of Spouse/Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**WARNING**

**You must notify the Town of Lyndeborough Welfare Department immediately, but no later than 7 days (including weekends), if:**

- There are any changes in your family income or resources.
- Any people move in or out of you home.
- Your shelter or utility expenses change.
- You move.
- Any of your children leave school.

**YOU MUST USE ANY MONIES RECEIVED TO PAY FOR LIVING NECESSITIES SUCH AS RENT, UTILITY BILLS (electric, gas, oil), FOOD, AND NECESSARY MEDICAL NEEDS (as determined by a physician).**

**THESE PUBLIC ASSISTANCE CONDITIONS HAVE BEEN REVIEWED WITH ME/US.  
I/WE UNDERSTAND THAT I/WE MUST COMPLY WITH ANY AID REQUIREMENTS AND  
THAT FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR DENIAL OF  
ASSISTANCE.**

\_\_\_\_\_  
Signature of Casehead

\_\_\_\_\_  
Signature of Spouse/Significant Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date