TOWN OF LYNDEBOROUGH

Welfare Department

9 Citizens' Hall Road
Lyndeborough, NH 03082
(603) 654-5955 Fax: (603) 654-5777

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, driver's 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.

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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

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
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:

Name	Employer	Pay	Weekly/ Biweekly	Employment Dates	Reason for Leaving

4. Household Assets:

Provide information regarding accounts held by you and all household members:

Name	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance

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:

Owner	Auto Make	Model	Year	Value	Payments	Insurance

5. Household Income

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

	Name	Date Applied	Date Last Received	Monthly Amount
ANB (Aid to the Needy Blind)				
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 member working, volunteering, and/or receiving assistance from any other agencies?

Name	Agency Name	Contact 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 _____

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 Repairs _____ 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