



Town of Durham  
Welfare Office  
8 Newmarket Road  
Durham, NH 03824  
Tel: 603-868-8043  
Fax: 603-868-1858

## APPLICATION FOR ASSISTANCE

DATE OF APPLICATION: \_\_\_\_\_

ASSISTANCE BEING REQUESTED: \_\_\_\_\_

REASONS FOR REQUEST: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR ASSISTANCE FROM DURHAM BEFORE? ☐ Yes ☐ No

IF SO, WHEN: \_\_\_\_\_ UNDER WHAT NAME: \_\_\_\_\_

### 1. GENERAL INFORMATION

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ DO YOU OWN OR RENT? \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SSN: \_\_\_\_\_

EDUCATION: ☐ High School ☐ Less than High School ☐ GED ☐ Some College

☐ 2 Year Associate ☐ 4 Year Bachelor ☐ Graduate Studies

CURRENT EMPLOYMENT: ☐ Full Time ☐ Part-Time ☐ Self Employed ☐ Unemployed

CURRENTLY SERVING IN THE US MILITARY: ☐ YES ☐ NO U.S. VETERAN: ☐ YES ☐ NO

SPOUSE/CO-APPLICANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SSN: \_\_\_\_\_

EDUCATION: ☐ High School ☐ Less than High School ☐ GED ☐ Some College

☐ 2 Year Associate ☐ 4 Year Bachelor ☐ Graduate Studies

CURRENT EMPLOYMENT: ☐ Full Time ☐ Part-Time ☐ Self Employed ☐ Unemployed

CURRENTLY SERVING IN THE US MILITARY: ☐ YES ☐ NO U.S. VETERAN: ☐ YES ☐ NO

**OTHER HOUSEHOLD MEMBERS: LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD:**

NAME	RELATIONSHIP TO APPLICANT	AGE	SOCIAL SECURITY NUMBER	NAME OF CHILD'S SCHOOL	GRADE

## 2. EMPLOYMENT HISTORY

Are you or anyone in the household serving in the National Guard or Reserves? ☐ Yes ☐ No

Name(s): \_\_\_\_\_ Date of last National Guard or Reserves pay: \_\_\_\_\_ Amount: \_\_\_\_\_

### APPLICANT

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Date you started work: \_\_\_\_\_ Date and 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 and 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 and 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 and 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:**

Household Member's Name	Employer	Weekly Wage & Last Date Paid	Dates of Employment	Reason for Leaving

3. HOUSING INFORMATION

Amount of Rent: \_\_\_\_\_ ☐ Monthly ☐ Weekly Date Last Paid: \_\_\_\_\_ Date Due: \_\_\_\_\_

Currently Have: ☐ Demand for Rent/Notice to Quit ☐ Eviction Notice

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: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord E-Mail \_\_\_\_\_

If Homeowner, List:

Mortgage Payment: \_\_\_\_\_ Date Last Paid: \_\_\_\_\_ Date Due: \_\_\_\_\_

Bank/Mortgage Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a foreclosure notice? ☐ Yes ☐ No

List ALL addresses where you have lived for the past two years:

STREET	TOWN	STATE	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### 4. HOUSEHOLD ASSETS

Provide information on ALL personal and/or business accounts owned singly or jointly.

HOUSEHOLD MEMBER	BANK OR CREDIT UNION	SAVINGS ACCOUNT #	BALANCE	CHECKING ACCOUNT #	BALANCE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you or any other household member have any of the following? If so, write current value; if not, write N/A.

ASSET	VALUE	HOUSEHOLD MEMBER
Cash on hand (household combined)	_____	_____
Certificate of Deposits	_____	_____
Retirement	_____	_____
401K	_____	_____
Life Insurance (Cash Value)	_____	_____
Investments	_____	_____
Motorcycles/Boats/Snowmobiles/ATV/RV/Dirt Bikes	_____	_____
Real Estate	_____	_____
Location of Real Estate _____		

#### Motor Vehicles owned by you and all household members:

Owner	Year	Make/Model	Current Value	Payment	Insurance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**5. CLAIMS/SETTLEMENTS/INCOME DUE TO YOU OR ANY HOUSEHOLD MEMBER**

Income Tax Refund: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Insurance Claim: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Retroactive Disability Check: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Retroactive Unemployment: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Retroactive Worker's Comp: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Retroactive Child Support: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Inheritance: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Other Lump Sum payment: Member: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Anticipated \_\_\_\_\_

Explanation: \_\_\_\_\_

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: \_\_\_\_\_

Details: \_\_\_\_\_

## 6. HOUSEHOLD INCOME/BENEFITS

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

INCOME	HOUSEHOLD MEMBER'S NAME	DATE APPLIED	DATE LAST RECEIVED	MONTHLY AMOUNT
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD (Aid to Perm/Totally Disabled)	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Charities/Churches	_____	_____	_____	_____
Disability —(STDA/LTDA – work)	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Help from friends or relatives	_____	_____	_____	_____
Maternity Pay/Benefits	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement Benefit	_____	_____	_____	_____
Severance pay	_____	_____	_____	_____
Social Security (Retirement)	_____	_____	_____	_____
SSDI (Social Security Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF (Family Assistance Program)	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____



BENEFITS	HOUSEHOLD MEMBER'S NAME	DATE APPLIED	DATE LAST RECEIVED	MONTHLY AMOUNT
Child Care Assistance	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
SNAP Benefits (Food Stamps)	_____	_____	_____	_____
WIC (Women, Infants & Children)	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

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

HOUSEHOLD MEMBER'S NAME	AGENCY NAME AND PHONE	CONTACT PERSON
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 7. HOUSEHOLD EXPENSES

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

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

Town of Durham, NH  
Application for Assistance - Page 11 of 22

Laundry	_____	_____	_____	_____
Medical Expenses	_____	_____	_____	_____
Mortgage	_____	_____	_____	_____
Prescriptions	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Rent – Option to Own	_____	_____	_____	_____
Storage Unit	_____	_____	_____	_____
Taxes (income/property)	_____	_____	_____	_____
Telephone (Landline/Cell)	_____	_____	_____	_____
Telephone (Cable/Internet)	_____	_____	_____	_____
Transportation (bus/UBER)	_____	_____	_____	_____
Water/Sewer Bill	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

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			
_____	_____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
_____	_____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
_____	_____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
_____	_____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
_____	_____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly

**8. CRIMINAL INFORMATION** (This information is used to assist with referrals, including housing and other programs)

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 any other household member presently on parole or probation?

☐ Yes ☐ No If YES, complete the following:

Name	Court	Parole/Probation Officer's Name & Phone Number

9. LIABILITY FOR SUPPORT INFORMATION

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

APPLICANT

Name	Address	Phone Number
Father		
Step-Father		
Mother		
Step-Mother		

CO-APPLICANT

Name	Address	Phone Number
Father		
Step-Father		
Mother		
Step-Mother		

ADULT CHILDREN (not living with you)

Name	Address	Phone Number

**READ CAREFULLY BEFORE SIGNING**

**CERTIFICATION AND ACKNOWLEDGEMENT OF**  
**RIGHTS AND RESPONSIBILITIES**

- I/We understand that if I/we receive assistance from the municipality, I/we may be required to participate in the welfare work ("Workfare") program (RSA 165:31).
- I/We understand that I/we may be required to repay any assistance provided, after deduction of the value of workfare hours I/we have completed, if I/we am returned to an income status which enables me to reimburse without financial hardship (RSA 165:20-b).
- I/we understand that if I am assisted, the municipality may place a lien against any real property which I own (RSA 165:28).
- I/We hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I/we have listed these in this application. I/We further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I/we understand that if I/we am/are assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I/we receive within six years of receiving municipal assistance (RSA 165:28a).
- I/We understand that if I/we obtain a job after I/we are assisted by the municipality, and I/we later quit the job without good cause, I/we 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-e).
- I/We understand that if I/we are a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I/we 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/our income (RSA 165:1-e).
- I/we understand that my parents/stepparents, spouse or grown children may be called upon to assist me/us when in need of relief if they can do so without financial hardship to themselves (RSA 165:19).
- I/We hereby certify that the information provided on this application is true and complete to the best of my/our knowledge and belief and provides a true summary of my/our income, assets, and needs. All 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 to verify the information requested on this application for assistance. Any change in my/our status must be reported to the Welfare Official within 3 business days and failure to do so may result in termination of assistance.

- I/We understand that the Welfare Official may have to refer me/us, if I/we require emergency assistance, to agencies or resources who have agreed to provide emergency, temporary assistance which will meet my/our needs until an appointment can be arranged.
- I/We understand the requirement that I/we must also apply for or take advantage of other resources, which could reduce the need for or eliminate General Assistance from the Town of Durham.
- I/we understand that investigations will be conducted in order to further substantiate facts and statements as presented by me/us and that such investigation may take place prior to, during and subsequent to my/our receipt of General Assistance. I/we also understand that a Welfare Official may make home visits to verify information at his/her discretion and in the least intrusive manner.
- I/We understand that the Welfare Official may refer me/us to a shelter if I/we are currently without housing and/or income. I/we understand that I/we may need to relocate to more affordable housing based on the my/our anticipated income if deemed necessary by the Welfare Officer. Every effort will be made to maintain me/us in my/our own housing unless it is clear that to do so would probably require a continuing subsidy from the Town.
- I/We also understand I/we have a right to review the Regulations for General Assistance, and the responsibilities as set forth in the Regulations. I/We further understand that the Regulations for General Assistance for Durham provide for emergency assistance for those who lack adequate resources. The determination of need is based on whether my/our allowable expenses exceed my/our available assets and income.
- I/We also understand the requirement to keep appointments to receive assistance and that failure to keep appointments, with or without verifiable good cause could result in a delay in receiving assistance or loss thereof. Loss of assistance can occur when the applicant fails to make contact with the Welfare Official for more than one week without verifiable good cause after having been requested to do so.
- I/We understand that if I/we knowingly give false information or withhold information related to my/our receipt of assistance, now or in the future, said actions may be grounds for suspension or termination of benefits, and may result in court action for recovery of benefits and I/we may be prosecuted for a crime of Unsworn Falsification (RSA 641:3) and/or Theft by Deception (RSA 637).
- I/We understand that if I/we am/are dissatisfied with any action taken on this application, such as denial of benefits or level of benefits provided I have the right to request a fair hearing. Should I/we desire a fair hearing, I/we understand that I/we must request the hearing in writing to the Welfare Official within five (5) business days.

I/We certify I/we have read and understand the Certification and Acknowledgement of rights and responsibilities.

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

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Name of person completing form (if not the applicant):

\_\_\_\_\_ (Print Name)

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date



## ATTACHMENT A

### APPLICANT'S AUTHORIZATION TO RELEASE OR EXCHANGE INFORMATION\*

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

I hereby request the release by any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff, mental health professional, school official or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the Town of Durham's Welfare Office. I also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Town of Durham's Welfare Office.

I further authorize the Town of Durham's Welfare Office to release information as necessary to any State or County Division of Health and Human Services, Division of Children, Youth and Family Services, Social Security Administration, Internal Revenue Service, school administration, physician, Fuel Assistance, mental health professional, Division of Adult and Elderly Services, NH Legal Assistance, any City/Town Welfare Department, shelter, Salvation Army or food pantries or other person, organization or agency in the course of administering General Assistance in accordance with the Town of Durham's Regulations for General Assistance and any other Municipal, State or Federal Laws pertaining to Welfare Administration.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*\*A photocopy of this signed authorization may be used in place of an original, to release or receive information is in effect for as long as the applicant is currently seeking assistance from the Town of Durham Welfare Office or up to six (6) months after assistance has ended.*

07/01/2023

**CO-APPLICANT'S AUTHORIZATION TO RELEASE OR EXCHANGE INFORMATION\***

CO-APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

I hereby request the release by any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff, mental health professional, school official or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the Town of Durham's Welfare Office. I also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Town of Durham's Welfare Office.

I further authorize the Town of Durham's Welfare Office to release information as necessary to any State or County Division of Health and Human Services, Division of Children, Youth and Family Services, Social Security Administration, Internal Revenue Service, school administration, physician, Fuel Assistance, mental health professional, Division of Adult and Elderly Services, NH Legal Assistance, any City/Town Welfare Department, shelter, Salvation Army or food pantries or other person, organization or agency in the course of administering General Assistance in accordance with the Town of Durham's Regulations for General Assistance and any other Municipal, State or Federal Laws pertaining to Welfare Administration.

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*\*A photocopy of this signed authorization may be used in place of an original, to release or receive information is in effect for as long as the applicant is currently seeking assistance from the Town of Durham Welfare Office or up to six (6) months after assistance has ended.*

07/01/2023

## ATTACHMENT B

### DURHAM GENERAL ASSISTANCE BASIC NEEDS POLICY

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Per Durham's Welfare Regulations, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for Municipal General Assistance. The Welfare Department will direct the applicant/recipient to apply for all other resources and will require the applicant/recipient to use current resources to meet basic needs in order to reduce the need for Municipal General Assistance.

**Under continuing Municipal General Assistance or in applying in the future, you will be required to use your earned or unearned resources for allowable basic need expenses only. ALLOWABLE EXPENSES are:**

Rent/Mortgage	Diapers/Wipes
Food	Electric/Heating Bills
Non-food hygiene products	Prescriptions

**These costs are allowed for certain conditions:**

Public Transportation/car payment and gasoline for work, medical or assistance program appointments.  
Telephone and internet basic service to find or keep employment.

**The following are examples of UNALLOWABLE expenses in determining eligibility:**

Pet Food/Care	Student Loan Payments
Credit Card Payments	Repayment of personal loans
Loan Payments	Restaurant/Fast Food
Cable Service	Tobacco/Alcohol Products

*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 for these expenses may be required. Should you choose to use your resources for other than basic expense needs as outlined above and/or in your written decision from the Welfare Department, those amounts will be considered available to you and your assistance will be reduced accordingly and a sanction or denial may be issued.*

I/We have read and understand the Basic Needs Policy.

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

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ATTACHMENT C

### DURHAM GENERAL ASSISTANCE REQUIRED VERIFICATIONS

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You must provide the following verification/documentation when submitting an application. An application will not be reviewed until all information is received.

- \_\_\_\_\_ Completed Application for Assistance
- \_\_\_\_\_ Copy of Written Lease Agreement
- \_\_\_\_\_ Last four weeks of paystubs or other proof of net wages for ALL adult members of the household
- \_\_\_\_\_ Last two months of savings/checking account, bank/debit card account statement and/or printout
- \_\_\_\_\_ Copies of bills paid or currently due (cable, phone, electricity, etc.) and any utility disconnect notices
- \_\_\_\_\_ Picture ID for all adults in household
- \_\_\_\_\_ Birth Certificates or SS Card for all minors in household
- \_\_\_\_\_ Verification you have applied for/are receiving Fuel Assistance benefits, *if applicable*
- \_\_\_\_\_ Verification you have applied for/are receiving SNAP (food stamps), *if applicable*
- \_\_\_\_\_ Verification of injury or illness if you are unable to work, *if applicable*
- \_\_\_\_\_ Verification you have applied for/are receiving unemployment benefits, *if applicable*

*I/We understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance and understand that if approved for assistance I/we may be required to do a job search and participate in workfare.*

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

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **ATTACHMENT D**

### **NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE TOWN OF DURHAM, NH**

You have the following rights:

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 receive your decision.
5. You have a right to have a hearing to present your case.
6. You have a right to 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 regulations 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 if you must care for a child under the age of six (6) and there is no responsible person available to provide care, if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

## ATTACHMENT E

### FAIR HEARING REQUEST

You have the right to request a Fair Hearing within five (5) business days of receipt of the Notice of Decision of denial or suspension of benefits, or a decision which you do not believe is consistent with the Municipal Welfare Regulations or State Laws. To review this decision the Fair Hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the content of your welfare file prior to your hearing and present your case to the hearing officer, who will render a decision within seven (7) business days from the hearing.

I/We, \_\_\_\_\_ hereby request a

Fair Hearing to review the decision dated \_\_\_\_\_ regarding

my/our application for general assistance.

I/We ☐ want/ ☐ do not want my/our current assistance to continue until my hearing has been decided. I understand that if I lose my hearing, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

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

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Email Address of Applicant

Hearings requested by claimants shall be held within seven (7) calendar days of the receipt of the request. At least forty-eight (48) hours in advance, the Welfare Official shall give written notice in person or via e-mail to the claimant setting forth the time and location of the hearing. If written notice in person or via e-mail is not possible, the Welfare Official shall mail the notice to the claimant's last known address at least seventy-two (72) hours prior to the hearing.