



**Town of Durham
Welfare Office
15 Newmarket Road
Durham, NH 03824
Tel: 603-868-8043
Fax: 603-868-5572**

APPLICATION FOR ASSISTANCE

DATE OF APPLICATION: _____

1. GENERAL INFORMATION:

NAME: _____ SSN: _____

ADDRESS: _____

TELEPHONE: _____ HOW LONG AT THIS ADDRESS? _____ DO YOU OWN OR RENT?

AGE: _____ BIRTHDATE: _____ PLACE OF BIRTH: _____

MARITAL STATUS: _____ DATE OF MARRIAGE/DIVORCE: _____

SPOUSE'S NAME: _____ SSN: _____

ADDRESS: _____

TYPE OF ASSISTANCE BEING REQUESTED: _____

HAVE YOU EVER APPLIED FOR ASSISTANCE FROM DURHAM BEFORE? _____

WHEN: _____ UNDER WHAT NAME: _____

LIST BELOW ALL PERSONS LIVING WITH YOU:

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

2. RENTAL INFORMATION (If you are renting at your current residence):

AMOUNT OF RENT: _____ MONTH / WEEK DATE RENT DUE: _____

DATE RENT LAST PAID: _____ IS RENT SUSIDIZED? _____ WHAT PROGRAM: _____

UTILITIES INCLUDED: HEAT: (Y / N) ELECTRIC: (Y / N) WATER: (Y / N) CABLE: (Y / N)

LANDLORD'S NAME: _____ TELEPHONE: (_____) _____

LANDLORD'S ADDRESS: _____

HAVE YOU RECEIVED AN EVICTION NOTICE? _____ BEEN TO COURT? _____ WHEN? _____

3. OWNERSHIP INFORMATION (If you own your current residence):

NAME OF BANK/MORTGAGE COMPANY: _____

ADDRESS: _____ TELEPHONE: _____

DATE DUE: _____ AMOUNT OF MORTGAGE: _____ /MONTH DATE LAST PAID: _____

LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TWO YEARS:

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

4. EDUCATIONAL BACKGROUND:

GRADE LAST ATTENDED G.E.D. OR H.S. DIPLOMA SPECIAL TRAINING OR SKILLS

APPLICANT: _____

SPOUSE/
CO-APPLICANT: _____

5. WORK HISTORY & SERVICE RECORD:

Are you or anyone in the household serving in the National Guard or Reserves? _____

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

LIST CURRENT AND LAST TWO EMPLOYERS FOR YOURSELF AND ALL HOUSEHOLD MEMBERS:

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

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

HOUSEHOLD ASSETS:

Do you or any members of your household have any bank accounts? _____ If so, provide information on all personal and/or business accounts owned singly or jointly.

HOUSEHOLD MEMBER	NAME 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.

CASH ON HAND (ALL HOUSEHOLD MEMBERS COMBINED): _____ ANNUITIES: _____
 CERTIFICATES OF DEPOSIT (CD): _____ MUTUAL FUNDS _____ SAVINGS BONDS: _____
 STOCKS: _____ TRUST FUNDS: _____ 401K: _____ RETIREMENT ACCOUNT (IRA): _____
 INSURANCE POLICIES (Cash Value): _____ OTHER INVESTMENTS: _____
 MOTORCYCLES/BOATS/SNOWMOBILES/ATV/RV/DIRT BIKES _____
 PROPERTY OTHER THAN PRIMARY RESIDENCE: _____ LOCATION: _____

MOTOR VEHICLES OWNED BY HOUSEHOLD MEMBERS:

YEAR	MAKE	MODEL	CURRENT VALUE	PAYMENT	INSURANCE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER ASSETS (Please List): _____

INCOME TAX REFUND DUE: _____ OTHER CLAIMS, SETTLEMENTS DUE: _____

DESCRIBE OTHER CLAIMS: _____

Have you or any member of your household consulted with an attorney regarding a possible lawsuit? _____

Attorney's Name and address: _____

Reason: _____

Are you or any member of the household expecting an inheritance, retroactive disability payment, insurance claim or any lump sum settlement of any type? _____ If so, please explain: _____

6. HOUSEHOLD INCOME:

LIST IF YOU OR ANY OTHER HOUSEHOLD MEMBER HAVE APPLIED FOR OR ARE CURRENTLY RECEIVING INCOME OR BENEFITS FROM THE FOLLOWING SOURCES:

	HOUSEHOLD MEMBER'S NAME	DATE APPLIED	DATE LAST RECEIVED	MONTHLY AMOUNT
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
Boarders in your household	_____	_____	_____	_____
Disability — State/APTD	_____	_____	_____	_____
Disability — Employer	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Help from friends or relatives	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement Pension	_____	_____	_____	_____
Severance pay	_____	_____	_____	_____
SS (Social I Security)	_____	_____	_____	_____
SSD (Social Security Disability)	_____	_____	_____	_____
SSI (Supplemental Security Income)	_____	_____	_____	_____
TANF (Family Assistance Program)	_____	_____	_____	_____
TANF (NH Employment Program)	_____	_____	_____	_____
TANF (Relative Payee)	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____

	HOUSEHOLD MEMBER'S NAME	DATE APPLIED	DATE LAST RECEIVED	MONTHLY AMOUNT
Vocational Rehabilitation	_____	_____	_____	_____
WIC (Women, Infants & Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other	_____	_____	_____	_____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD WORKING WITH ANY OTHER AGENCIES?

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

CHILD SUPPORT INCOME (Use additional sheet of paper if necessary):

1. Child's Name and Address: _____ DOB: _____

Absent Parent's Name and Address: _____

Amount last received: _____ Date last received: _____ Next Due: _____

Are support payments made directly to you? _____ If not, through which state or agency? _____

Are support payments court ordered? _____ Name and address of court: _____

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

Absent Parent's Name and Address: _____

Amount last received: _____ Date last received: _____ Next Due: _____

Are support payments made directly to you? _____ If not, through which state or agency? _____

Are support payments court ordered? _____ Name and address of court: _____

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

Absent Parent's Name and Address: _____

Amount last received: _____ Date last received: _____ Next Due: _____

Are support payments made directly to you? _____ If not, through which state or agency? _____

Are support payments court ordered? _____ Name and address of court: _____

CHILD SUPPORT PAYMENTS HOUSEHOLD MEMBERS MUST MAKE (Use additional sheet of paper if necessary):

1. Support Provider's Name _____ To whom are support payments made? _____

Child's Name and Address: _____ DOB: _____

Name and Address of Parent/Guardian with whom child resides: _____

Amount last paid: _____ Date last paid _____ Are support payments court ordered? _____

Name and address of Court: _____

2. Support Provider's Name _____ To whom are support payments made? _____

Child's Name and Address: _____ DOB: _____

Name and Address of Parent/Guardian with whom child resides: _____

Amount last paid: _____ Date last paid _____ Are support payments court ordered? _____

Name and address of Court: _____

3. Support Provider's Name _____ to whom are support payments made? _____

Child's Name and Address: _____ DOB: _____

Name and Address of Parent/Guardian with whom child resides: _____

Amount last paid: _____ Date last paid _____ Are support payments court ordered? _____

Name and address of Court: _____

7. HOUSEHOLD EXPENSES:

LIST ALL HOUSEHOLD EXPENSES, DATE LAST PAID AND THE AMOUNT DUE (Provide complete information)

BASIC EXPENSES	Amount	Frequency (Circle)	Date Last Paid	Amount Due
Rent / Mortgage	_____	Wk. or Mo.	_____	_____
Food	_____	Wk. or Mo.	_____	_____
Diapers	_____	Wk. or Mo.	_____	_____
Household Supplies	_____	Wk. or Mo.	_____	_____
Gas	_____	Wk. or Mo.	_____	_____
Electric	_____	Wk. or Mo.	_____	_____
Oil	_____	Wk. or Mo.	_____	_____
Prescriptions	_____	Wk. or Mo.	_____	_____

OTHER EXPENSES	Amount	Frequency (Circle)	Date Last Paid	Amount Due
Cable	_____	Wk. or Mo.	_____	_____
Car Payments	_____	Wk. or Mo.	_____	_____
Court Fees, Fines, etc.	_____	Wk. or Mo.	_____	_____
Credit Cards	_____	Wk. or Mo.	_____	_____
Personal Loans	_____	Wk. or Mo.	_____	_____
Rent to Own Items	_____	Wk. or Mo.	_____	_____
Telephone	_____	Wk. or Mo.	_____	_____
Child Support Payments	_____	Wk. or Mo.	_____	_____
Other	_____	Wk. or Mo.	_____	_____
Total Expenses	_____			

8. ASSISTANCE REQUESTED (Be specific): _____

REASON FOR REQUEST: _____

Have you or any other member of your household ever been convicted of a felony? _____ If so, who? _____

When? _____ Which city / town and state? _____

Provide details: _____

Are you or any other household member presently on parole or probation? _____ If so, who? _____

Which city / town and state? _____ Name of parole / probation officer? _____

LIST YOUR PARENTS AND THE PARENTS OF YOUR SPOUSE, ROOMMATES OR COHABITANTS

Your Father: _____ Address: _____

Employer: _____ How much does he earn? _____ / YEAR

Your Mother: _____ Address: _____

Employer: _____ How much does she earn? _____ / YEAR

Spouse, Roommates or Cohabitants

Father's Name: _____ Address: _____

Employer: _____ How much does he earn? _____ / YEAR

Mother's Name: _____ Address: _____

Employer: _____ How much does she earn? _____ / YEAR

Father's Name: _____ Address: _____

Employer: _____ How much does he earn? _____ / YEAR

Mother's Name: _____ Address: _____

Employer: _____ How much does she earn? _____ / YEAR

READ CAREFULLY BEFORE SIGNING

CERTIFICATION AND ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES

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 an accurate summary of my/our situation, 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 asked 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 understand that I/we may be required to work in the Welfare Work Program, if work is available and the I/we am/are physically and mentally capable of performing the essential functions of the job.

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.

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.

Signature of Applicant	Date	Signature of Co-applicant	Date	Signature of Co-applicant	Date
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APPLICANT'S AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

I/We authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Town of Durham's Welfare Office. I/We 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/ We 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.

_____	_____	_____	_____	_____	_____
Signature of Applicant	Date	Signature of Co-applicant	Date	Signature of Co-applicant	Date

REIMBURSEMENT AGREEMENT

Under NH RSA 165:20, welfare assistance is subject to reimbursement to the Town of Durham. I acknowledge that I may be required to repay any assistance provided if I am returned to an income status, which enables me to reimburse the Town/City without financial hardship. Also under NH RSA 165:28 the Town of Durham may place a lien against any real property owned by assisted persons. Under NH RSA 165:28-a, the Town of Durham may place a lien against any property settlement or civil judgment for personal injuries awarded any person granted assistance by the town within six years of receiving said assistance.

Signature of Applicant Date Signature of Co-applicant Date Signature of Co-applicant Date

VOLUNTARY QUIT LAW

I/We understand that according to the provisions of NH RSA 165:1-d, voluntary termination of employment without good cause could, under certain circumstances, lead to disqualification from receiving general assistance in the future.

UNSWORN FALSIFICATION

The Town of Durham’s Welfare Office may refer violations of RSA 641:3 to the appropriate authorities for prosecution.

Below is a copy of NH RSA 641:3 pertaining to unsworn falsification:

641:3 Unsworn Falsification. – A person is guilty of a misdemeanor if:

- I.** He makes a written false statement which he does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or
- II.** With a purpose to deceive a public servant in the performance of his official function, he:
 - (a) Makes any written false statement which he does not believe to be true; or
 - (b) Knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
 - (c) Submits or invites reliance on any writing which he knows to be lacking in authenticity; or
 - (d) Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.
- III.** No person shall be guilty under this section if he retracts the falsification before it becomes manifest that the falsification was or would be exposed.

I/We have read the above sections of NH Law pertaining to Voluntary Quit and Unsworn Falsification and certify that I/We fully understand them.

Signature of Applicant Date Signature of Co-applicant Date Signature of Co-applicant Date