

REIMBURSEMENT AGREEMENT

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 without hardship. I acknowledge that the Town will place a lien on my property, to be recorded at the Carroll County Registry of Deeds, until my assistance balance is paid in full.

Signature of Applicant	Date	Spouse/co-applicant	Date
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I agree that if I have a lawsuit, or aid from any other social services agency, now pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency which may be handling this claim on my behalf. I further agree to notify the Welfare Official immediately upon the receipt of any money from any such claim or upon the settlement of such claim.

Name	Name
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Address	Address
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Phone	Phone
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Signature of Applicant	Spouse/Co-Applicant
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Date	Date
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