

**TOWN OF TUFTONBORO
 PO BOX 98, 240 MIDDLE ROAD
 CENTER TUFTONBORO, NH 03816
 Telephone (603) 569-4539
 Fax (603) 569-4328**

APPLICATION FOR GENERAL ASSISTANCE

Date of Application _____ Referred by: _____

Name _____ Street Address _____

Mailing Address

Home Telephone # _____ Work Telephone # _____

Applicant's Birth date _____ Social Security # _____

Marital Status (CIRCLE ONE): Single Married Separated Divorced Widowed

Name of spouse/companion/roommate:

Companion's Birth date _____ Social Security # _____

| <u>List all members of your household</u> | <u>DOB</u> | <u>Age</u> | <u>Relationship</u> | <u>Social Security #</u> |
|---|------------|------------|---------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Address for the past two years

 Town Street From To

 Town Street From To

Mortgage Co. /
 Name of Current Landlord _____ Amount of Mortgage/rent _____
 Mortgage Co. / Mortgage Co. /
 Landlord Address _____ Landlord Phone # _____

Date rent/Mortgage due _____ Date last paid _____

In accordance with RSA 165:19, please provide the following:

Your father's name _____ Your mother's name _____
Address _____ Address _____
Employer _____ Employer _____
Companion's father's name _____ Companion's mother's name _____
Address _____ Address _____
Employer _____ Employer _____

Applicant Work record for last two years (most recent employer first)

Employer name and address _____
Type of work _____ Dates of employment _____ to _____
Wage _____ Reason for leaving _____
Employer name and address _____
Type of work _____ Dates of employment _____ to _____
Wage _____ Reason for leaving _____

Spouse/Roommate most recent employer first

Employer name and address _____
Type of work _____ Dates of employment _____ to _____
Wage _____ Reason for leaving _____
Employer name and address _____
Type of work _____ Dates of employment _____ to _____
Wage _____ Reason for leaving _____

Military Service

Branch of Service _____ Date of Entry _____
Are you considered a veteran: ____ Yes ____ No Do you have a military disability: ____ Yes/No
Do you have a discharge: ____ Yes ____ No If yes, monthly payment received: _____

Resources of Household

Savings Account Balance \$ _____ at _____ Bank.
Checking Account Balance \$ _____ at _____ Bank.

Stocks/Bonds/Securities \$ _____ at _____

Automobile Payment \$ _____ Make/Model _____

Real Estate _____

Do you currently have or will you receive any of the following:

| HOUSEHOLD INCOME | AMOUNT | HOUSEHOLD INCOME | AMOUNT |
|---------------------------------------|---------------|-------------------------|---------------|
| Temporary Aid to Needy Families TANF | _____ | Annuity/Trust Fund | _____ |
| Aid to permanently/temp disabled APTD | _____ | IRA, CD'S Etc. | _____ |
| Weekly Gross Pay | _____ | Subcontracting Jobs | _____ |
| Social Security SSI/SSD | _____ | Relatives/Boarders | _____ |
| Unemployment | _____ | OAA-Old Age Assistance | _____ |
| Workers Comp | _____ | Settlement Monies | _____ |
| Child Support Payments | _____ | VA-Benefits | _____ |
| Natl. Guard-Severance Pay | _____ | Food Stamps | _____ |
| Private Disability Insurance | _____ | WIC | _____ |
| Private Pension | _____ | Fuel Assistance | _____ |
| Other Income | _____ | Other Income | _____ |

Do you expect to receive a tax refund or any other type of settlement? _____

Have you ever received any other kind of public assistance?

Source _____

When _____

Monthly household requirements

Rent _____ Food _____ Fuel _____ Electricity _____

Medications _____ Telephone _____ Insurance _____ Other _____

Requirements of family

Assistance requested _____

Reason for request _____

Verifications Required to be supplied by applicants

1. Proof of Identification (picture ID, driver's license, birth certificate or Social Security card)
2. Divorce Decree or marriage license
3. Proof of Children (birth certificates. or Social Security card)
4. Proof of residency (current rent receipt and/or lease or statement from person you are staying with)
5. Residence/shelter expenses (housing, utility, water and sewage, etc.)
6. Proof of income (current paystubs, court ordered support payments, worker's comp. papers, Social Security benefits, AFDC benefits, Food Stamps, Unemployment, etc.)
7. Proof of real or personal property (car, motorcycle, trailer, house, etc.)
8. Proof of cash resources (savings, checking accounts, etc.)
9. A statement signed by you that financial assistance is not currently available from parents or spouse.
10. Termination notice from previous welfare assistance (state, city or county welfare).

Certification

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

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

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 a crime.

I have received a copy of the current Town of Tuftonboro Welfare Guidelines.

Signature of Applicant

Spouse/co-applicant

Signature of person completing form (if not applicant)

Date

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 |
|------------------------|------|---------------------|------|

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

Address

Address

Phone

Phone

Signature of Applicant

Spouse/Co-Applicant

Date

Date

INFORMATION RELEASE

I understand that as part of the administration of this program, the Town of Tuftonboro, may verify information I have provided on the application and any other information I provided that would affect my eligibility. My signature below authorizes the Town to obtain verification from any person or organization having information concerning my circumstances. This information can be obtained from any relative, physician, lawyer, banker, employer (past or present) or insurance company and authorizes release of such information to the Town. A photocopy of this signed release may be used in place of an original.

Signature of Applicant

Date

Spouse/Co-Applicant

Date