

**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 # \_\_\_\_\_

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

**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:**

| <b>HOUSEHOLD INCOME</b>               | <b>AMOUNT</b> | <b>HOUSEHOLD INCOME</b> | <b>AMOUNT</b> |
|---------------------------------------|---------------|-------------------------|---------------|
| 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

# Town of Tufonboro, NH BUDGET WORKSHEET

Name \_\_\_\_\_

Date \_\_\_\_\_

**A. Available assets and income:**

|  |       |
|--|-------|
|  | mo/wk |
|  | mo/wk |
|  | mo/wk |
|  | mo/wk |

**A. Total available income:** \_\_\_\_\_

**B. Allowable Expenses:**

|                      | <u>Actual Expenses</u> | <u>Allowed Expenses</u> | <u>Ineligible</u> |
|----------------------|------------------------|-------------------------|-------------------|
| <u>Expenses</u>      |                        |                         |                   |
| Rent/Board/Mortgage  | _____ mo/wk            | _____ mo/wk             |                   |
| Electric             | _____ mo/wk            | _____ mo/wk             |                   |
| Gas                  | _____ mo/wk            | _____ mo/wk             |                   |
| Fuel Oil             | _____ mo/wk            | _____ mo/wk             |                   |
| Water/sewer          | _____ mo/wk            | _____ mo/wk             |                   |
| Cooking fuel         | _____ mo/wk            | _____ mo/wk             |                   |
| Telephone            | _____ mo/wk            | _____ mo/wk             |                   |
| Food                 | _____ mo/wk            | _____ mo/wk             |                   |
| Personal & Household | _____ mo/wk            | _____ mo/wk             |                   |
| Medical/Prescription | _____ mo/wk            | _____ mo/wk             |                   |
| Transportation       | _____ mo/wk            | _____ mo/wk             |                   |
| Childcare/Daycare    | _____ mo/wk            | _____ mo/wk             |                   |
| Car payment          | _____ mo/wk            | _____ mo/wk             |                   |
| Gasoline             | _____ mo/wk            | _____ mo/wk             |                   |
| Other                | _____ mo/wk            | _____ mo/wk             |                   |
| Other                | _____ mo/wk            | _____ mo/wk             |                   |
| Other                | _____ mo/wk            | _____ mo/wk             |                   |
| Other                | _____ mo/wk            | _____ mo/wk             |                   |

**B. Total Allowed Expenses:** \_\_\_\_\_

**C. Eligibility:** [A. Income (-) B. Expenses]: \_\_\_\_\_  
*(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)*

Assistance will be provided as follows:

|  |          |
|--|----------|
|  | \$ _____ |
|  | \$ _____ |
|  | \$ _____ |