



***Town of Gilmanton, New Hampshire
General Assistance
Academy Building
503 Province Road
PO Box 550***

Gilmanton, New Hampshire 03237

Assistance@gilmantonnh.org

603.267-6700 –Phone 603.267.6701 –Fax

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

Marital Status _____ Rent or Own? _____ How long at this address? _____

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

List below all persons living in your household:

| Full Name | Relationship | Date of Birth | Social Security # |
|------------------|---------------------|----------------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If at your current address less than 12 months, please list past 12 month's addresses:

| Street | Town/City | State | Dates of Residence |
|---------------|------------------|--------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. Housing Information:

Rent amount _____ per (month/week) _____ Date last paid _____ Date due _____

Do you have a current: ☐ Demand For Rent ☐ Notice to Quit ☐ Landlord/Tenant Writ

Total rent owed _____ Do you have a housing subsidy? _____

Utilities Included: ☐ Heat ☐ Electric ☐ Gas ☐ Water/Sewer ☐ Other

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____

Bank/Mortgage Co _____ Address _____

3. Education / Training / Employment

| | Highest Grade <u>Attended</u> | G.E.D. or <u>Diploma</u> | <u>Special Training or Skills</u> | <u>Military Service</u> |
|----------------------|----------------------------------|-----------------------------|-----------------------------------|-----------------------------|
| Applicant: | _____ | _____ | _____ | _____ |
| Spouse/Co-Applicant: | _____ | _____ | _____ | _____ |

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When began work _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____ Date/Amount last check _____

Are you able to work now? _____ If not able, why not? _____

Current and two most recent jobs of yourself and all household members aged 18 & older:

[illegible]

4. Household Assets:

Provide information regarding accounts held by you and all household members:

| <u>Name</u> | <u>Bank/Credit Union</u> | <u>Savings</u> <u>Acct. #</u> | <u>Savings</u> <u>Balance</u> | <u>Checking</u> <u>Acct. #</u> | <u>Checking</u> <u>Balance</u> |
|-------------|--------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Provide current value of any assets held by you and all household members:

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____

Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____

Trust Funds _____ Retirement Accounts _____ Insurance Policies (cash value) _____

401k _____ Property other than primary residence _____ Location _____

Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____

Other Assets (please list) _____

Claims/settlements/income due to you or any household member:

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____

Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____

Other Lump Sum Payment (explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit?

Lawyer Name/Address _____

Reason _____

Do you or any household member have a lawsuit pending? _____ **Who?** _____

Please give details _____

Lawyer Name/Address _____

Motor vehicles owned by you and all household members:

| <u>Owner</u> | <u>Auto Make</u> | <u>Model</u> | <u>Year</u> | <u>Value</u> | <u>Payments</u> |
|--------------|------------------|--------------|-------------|--------------|-----------------|
| | <u>Insurance</u> | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

5. Household Income

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

| | Name | Date Applied | Date Last Received | Monthly Amount |
|---------------------------------|-------|-----------------|-----------------------|-------------------|
| ANB (Aid to the Needy Blind) | _____ | _____ | _____ | _____ |
| APTD | _____ | _____ | _____ | _____ |
| Child Support | _____ | _____ | _____ | _____ |
| Disability (Employer) | _____ | _____ | _____ | _____ |
| Food Stamps | _____ | _____ | _____ | _____ |
| Fuel Assistance | _____ | _____ | _____ | _____ |
| Gifts/Loans | _____ | _____ | _____ | _____ |
| Maternity Benefits | _____ | _____ | _____ | _____ |
| Medicaid | _____ | _____ | _____ | _____ |
| OAA (Old Age Assistance) | _____ | _____ | _____ | _____ |
| Retirement | _____ | _____ | _____ | _____ |
| Severance Pay | _____ | _____ | _____ | _____ |
| Social Security | _____ | _____ | _____ | _____ |
| SSDI (SS Disability) | _____ | _____ | _____ | _____ |
| SSI (Supplemental Security) | _____ | _____ | _____ | _____ |
| TANF | _____ | _____ | _____ | _____ |
| Unemployment | _____ | _____ | _____ | _____ |
| Vacation Pay | _____ | _____ | _____ | _____ |
| Veteran's Pension | _____ | _____ | _____ | _____ |
| Vocational Rehabilitation | _____ | _____ | _____ | _____ |
| WIC(Women/Infants/Children) | _____ | _____ | _____ | _____ |
| Workers' Compensation | _____ | _____ | _____ | _____ |
| Other: [] | _____ | _____ | _____ | _____ |

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

| <u>Name</u> | <u>Agency Name</u> | <u>Contact Person</u> |
|-------------|--------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Household Expenses

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

| | | |
|--------------------------|------------------------|---------------------|
| Bank Fees _____ | Diapers _____ | Mortgage _____ |
| Bus/Cab _____ | Electric _____ | Prescriptions _____ |
| Cable/Internet _____ | Food _____ | Rent _____ |
| Child Support Paid _____ | Fuel Oil _____ | Rent-To-Own _____ |
| Car Gasoline _____ | Gas, Bottled _____ | School Loan _____ |
| Car Insurance _____ | Gas, Natural _____ | Storage _____ |
| Car Payment _____ | Health Insurance _____ | Telephone _____ |
| Condo Fee _____ | Laundry _____ | Other _____ |
| Child Care _____ | Loan _____ | Other _____ |
| Credit Card _____ | Lot Rent _____ | Other _____ |

List unplanned, emergency or irregular periodic expenses during the past 30 days:

| | | |
|------------------------|----------------------------|-----------------------------|
| Car Inspection _____ | Drivers License _____ | Medical _____ |
| Car registration _____ | Fines/Court Payments _____ | Sewer/Water _____ |
| Car repair _____ | Home Repairs _____ | Tax (Income/Property) _____ |
| Dental _____ | Home/Rent Insurance _____ | Other _____ |

7. Criminal Information

Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) _____ If yes, who? _____ When? _____

Town/City & State of conviction _____ Details of conviction: _____

Are you or any member of your household presently on parole or probation? (yes/no) _____

If yes, who? _____ Court or jurisdiction? _____

Name & phone number of parole/probation officer _____

8. Liability for Support Information

Please provide following details:

| | |
|---------------------------|---------------|
| Your father _____ | Address _____ |
| Your mother _____ | Address _____ |
| Co-applicant father _____ | Address _____ |
| Co-applicant mother _____ | Address _____ |

Your or co-applicant's adult children _____

9. Certifications and Signatures

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work (“workfare”) program. RSA 165:31.

I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed, if I am returned to an income status which enables me to reimburse without financial hardship. RSA 165:20-b.

I understand that if I am assisted the municipality may place a lien against any real property which I own. RSA 165:28.

I hereby certify that if I have a lawsuit, workers’ compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. RSA 165:28-a.

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. 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 the crime of Unsworn Falsification, RSA 641:3 and/or Theft By Deception. RSA 637:4, :11.

I understand that any relative in the line of father, mother, step-father, step-mother, son, daughter, husband, or wife may be called upon to provide my needed assistance if they can do so without financial hardship to them. RSA 165:19.

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I 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-d.

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I 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 income. RSA 165:1-e.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date