

## **A Summary Checklist for Welfare Assistance Application and Process/Responsibilities**

Enclosed you will find an application for General Assistance through the Town of New Durham Welfare Office. General Assistance is for use only by those who are truly eligible. The Town of New Durham has put into place a comprehensive set of Welfare Guidelines containing strict requirements to meet initial eligibility for General Assistance, along with requirements for maintaining eligibility. A copy of these guidelines will be given to the applicant at the time they receive an application and they will be asked to sign a receipt for the Guidelines.

Please complete the application fully. **Missing information will constitute an incomplete application, which cannot be processed.** For your convenience a list of required documentation that you **must** bring with you to your first appointment is listed below:

1. W-2 Form and your most recent tax return
2. Last four(4) weeks paycheck stubs
3. Letter from employer (on Letterhead), including:
  - a. Starting date
  - b. Hourly pay rate or weekly salary
  - c. Hours worked per week
4. Verification that you have applied to State Welfare(NHDHHS, 150 Wakefield Street, Rochester, NH – Phone: 332-9120) for the following benefits:
  - a. Emergency Food Stamps
  - b. Food Stamps
  - c. TANF
  - d. APTD
  - e. Medicaid
  - f. PWP
  - g. Title XX(daycare)
5. Verification you have applied for or are receiving Social Security(SS) benefits
6. Verification of illness or injury(Doctor's medical evaluation)
7. Verification you have gone to the Department of Employment Security(DES), (3 Plaza Drive, Dover NH – Phone: 742-3600), and applied for the following:
  - a. Unemployment Compensation
  - b. Work Registration
8. Verification of Work Search (list of at least three jobs per week with name of company and person with whom you interviewed).
9. Verification of Resources:
  - a. Divorce Decree & Stipulation of Child Support
  - b. Checking Acct. Statement
  - c. Savings Acct Statement
  - d. Other Statements: Money Markets, 401K's, Investments, etc.

10. Rent Verification:
  - a. Copy of Lease
  - b. Town Landlord Verification Form
11. Most recent utility bills(electric, gas/propane, oil, etc.) and other expenses
12. ID – Picture ID and Social Security Card
13. If you are asking for rental assistance, you must show a Notice to Quit from your landlord

Furthermore, recognizing as New Hampshire State Law does(RSA 165:19), that the responsibility to assist those in need more appropriately rests with applicants' family members rather than with taxpayers, the Town of New Durham takes serious steps to recoup monetary assistance from liable family members. Actions the Town will take includes sending a bill directly to potentially liable family members, then, if no payment is made, the Welfare Officer will complain to the court, requiring all potentially liable relatives to appear before the court for a judgment.

If you have any questions, please call 859-2091 and ask for Laura.

**YOU MUST PROVIDE ALL OF THE ITEMS LISTED ABOVE  
THAT PERTAIN TO YOU AT THE TIME OF YOUR INTERVIEW**

**Your Appointment is Scheduled For:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **in**

**the Welfare Office located at the New Durham Town Hall, 4 Main Street, New Durham  
NH.**

**APPLICATION FOR ASSISTANCE**  
(PLEASE ANSWER EACH QUESTION)

**COMPLETE THIS APPLICATION, DO NOT EMAIL OR FAX FORM, BRING TO INTAKE INTERVIEW**

Have you ever applied to the Town of New Durham Welfare before? Yes \_\_\_ No \_\_\_  
If yes, When? \_\_\_\_\_ What Name? \_\_\_\_\_

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Contact Name & Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**LIST EVERYONE WHO LIVES IN THE HOUSEHOLD, BEGIN WITH YOURSELF**

Full Name	Relationship	Marital Status	Birth Date	Age	Social Security Number	Name of Child's School	Grade
	Self						

**LIST ANY OF YOUR CHILDREN WHO DO NOT LIVE WITH YOU, INCLUDE CHILDREN OVER 18 YEARS OF AGE**

Full Name	Birth date	Address	Employer (if applicable)	Name of Guardian If under 18 years of age

**LIST MARITAL HISTORY OF ALL ADULT HOUSEHOLD MEMBERS**

Your Name	Spouse's Name	Date of Marriage	Place	Legal Status	Date of Div/Sep	Custody of Children

**LIST YOUR ADDRESSES FOR THE LAST TWO YEARS, BEGIN WITH YOUR PRESENT ADDRESS**

Street Address Room/Apt #	Town/City/State	From(Month/Date/Year)	To(Month/Date/Year)

Have you ever applied or received assistance from any other city, town, or state welfare office? Yes\_\_\_ No\_\_\_ If yes, provide details: Where?\_\_\_\_\_ When? \_\_\_\_\_ What type of Assistance? \_\_\_\_\_

Under what name? \_\_\_\_\_ Duration of Assistance? \_\_\_\_\_ Name of Case Technician \_\_\_\_\_

**LIST YOUR PARENTS AND THE PARENTS OF YOUR SPOUSE, ROOMMATE OR COHAB**

Your Name \_\_\_\_\_

Spouse, Roommate, Cohab Name \_\_\_\_\_

Place of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Income \_\_\_\_\_

Employer \_\_\_\_\_ Income \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Income \_\_\_\_\_

Employer \_\_\_\_\_ Income \_\_\_\_\_

**SERVICE RECORD**

Name and Rank at Discharge	Branch of Service	Dates of Service	Type of Discharge	Type of Benefits (if applicable)

**LIST CURRENT AND LAST THREE EMPLOYEES FOR YOURSELF AND ALL HOUSEHOLD MEMBERS**

Employee's Name	Employer	Weekly Wage	Last Date Paid	Dates of Employment	Reason For Leaving

**MEDICAL, ACCIDENT OR INJURY**

Is anyone in your household unable to work? Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

Check Reason:

Non work-related Accident \_\_\_\_\_ Non Work-related Illness \_\_\_\_\_ Work-related Accident \_\_\_\_\_ Work-related Illness \_\_\_\_\_

Date of Injury, Accident or Illness \_\_\_\_\_ Date Workers Comp Claim Filed \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's name, address, phone number \_\_\_\_\_ Date able to return to work \_\_\_\_\_

Are you or any other member of the household under doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following details:

Name \_\_\_\_\_ Doctor's name, address and phone number \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

Name \_\_\_\_\_ Doctor's name, address and phone number \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

**PROPERTY**

Do you or any other household member own any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Owner(s) \_\_\_\_\_

Address of property \_\_\_\_\_ Multi or single family \_\_\_\_\_

Payment \_\_\_\_\_ (Monthly, Weekly, Bi-Monthly) Date of Last Payment \_\_\_\_\_ Foreclosure pending? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST ALL VEHICLES OF ALL HOUSEHOLD MEMBERS INCLUDING BOATS, MOTORCYCLES, ATV'S, ECT.**

Year	Make/Model	Plate #	Registered To	Date of Purchase	Date of Last Payment	Amount of Payment

**RENTAL INFORMATION**

Landlord's Name, address and phone number \_\_\_\_\_

Rental Amount \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

Do you have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you receiving subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type? \_\_\_\_\_

How many bedrooms in your apartment? \_\_\_\_\_ Which utilities are included in your rent? \_\_\_\_\_

Date rent last paid \_\_\_\_\_ Covering time period from \_\_\_\_\_ to \_\_\_\_\_

Name & phone number of any person(s) or agency(ies) who paid your rent: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Have you received an eviction notice? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you been to court? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

**LIST INCOME TAX INFORMATION FOR ALL HOUSEHOLD MEMBERS**

Name	Date Filed	Where/How Filed?	Date Tax Refund Rec'd	Amount of Refund

**LIST ALL ASSETS FOR YOURSELF AND ALL OTHER HOUSEHOLD MEMBERS**

Do you or any household member including children have any bank accounts? Yes \_\_\_ No \_\_\_ If yes, provide information on all personal and/or business accounts owned singly or jointly.

Name	Name of Bank/Credit Union	Savings Acct	Balance	Checking Acct	Balance

Have you or any other member closed a bank or credit union account within the last six months? Yes \_\_\_ No \_\_\_

If so, who? \_\_\_\_\_ When? \_\_\_\_\_ What type of account? \_\_\_\_\_

Do you or any other household member have any of the following: Trust Funds \_\_\_\_\_ Certificates of Deposit(CD's) \_\_\_\_\_

Mutual Funds \_\_\_\_\_ Retirement Account \_\_\_\_\_ Savings Bonds \_\_\_\_\_ Stocks \_\_\_\_\_ 401K \_\_\_\_\_ Profit Sharing \_\_\_\_\_

Annuities \_\_\_\_\_ Other(give details) \_\_\_\_\_.

Have you or any other household member cashed in any of the above in the last 6 months? Yes \_\_\_ No \_\_\_ If yes, what type of account? \_\_\_\_\_ Amount Received \_\_\_\_\_

Do you or any other household member have any insurance policies? Yes \_\_\_ No \_\_\_ If yes, provide the following details:

Name	Name of Insurance Co.	Type of Policy	Cash Value

**LIST IF YOU OR ANY OTHER HOUSEHOLD MEMBERS HAVE APPLIED FOR, OR ARE CURRENTLY RECEIVING INCOME OR BENEFITS FROM THE FOLLOWING SOURCES**

ANB (Aid to the Blind)	Name	Date Applied	Date Last Received	Amount
Boarders In Your Household				
Cash available or set aside				
Disability – State/APTD				
Disability – Short Term ___ Long Term ___				
Food Stamps				
Fuel Assistance: Rent ___ Heat ___ Electric ___				
Help from friends, relatives, employer, etc				
Maternity benefits				

Medicaid				
OAA (Old Age Assistance)				
Retirement Pension				
Severance Pay				
SS ___ SSD ___ SSI ___				
TANF ___ Related Payee ___				
Unemployment				
Vacation Pay ___ Earned Time ___ Sick Time ___				
Veteran's Pension				
WIC (Women, Infants & Children)				
Worker's Compensation				
Other				

**PAYEE INFORMATION**

Do you have a payee for any of your benefits? Yes \_\_\_ No \_\_\_ Which benefits? \_\_\_\_\_

Payee Name, address, and daytime phone number \_\_\_\_\_

Are you a payee for anyone else? \_\_\_ No \_\_\_ Benefits for which you are payee \_\_\_\_\_

His/her name, address, and phone number \_\_\_\_\_

Are you compensated for your payee services? Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_ Date last received \_\_\_\_\_

Have you or any member of the household consulted with an attorney or are working with an attorney for any reason, including a possible lawsuit? Yes \_\_\_ No \_\_\_ If yes, provide details: \_\_\_\_\_

If yes, provide the attorney's name, address, phone number \_\_\_\_\_

Are you or any member of your household expecting an inheritance, retroactive disability payment, insurance claim or any lump sum payment or settlement of any type? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Have you or any member of your household received any of the above or any type of lump sum payment in the last 6 months?

Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_ When? \_\_\_\_\_ What type? \_\_\_\_\_ Amount \_\_\_\_\_

Provide details \_\_\_\_\_

**ARE YOU OR ANY OTHER HOUSEHOLD MEMBERS WORKING WITH ANY OTHER AGENCIES? Yes \_\_\_ No \_\_\_**

Client Name	Agency Name/Location	Contact Person/Phone Number

**CHILD SUPPORT INCOME** (Request additional sheet of paper if necessary)

1. Child's Name and Address \_\_\_\_\_ DOB \_\_\_\_\_

Absent Parent's Name and Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Amount Last Received \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Money Order \_\_\_ Date Last Received \_\_\_\_\_ Next Due \_\_\_\_\_

Are support payments made directly to you? Yes \_\_\_ No \_\_\_

If not, through which state or agency? \_\_\_\_\_ Court Ordered? Yes \_\_\_ No \_\_\_

Name and Address of Court \_\_\_\_\_

2. Child's Name and Address \_\_\_\_\_ DOB \_\_\_\_\_

Absent Parent's Name and Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Amount Last Received \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Money Order \_\_\_ Date Last Received \_\_\_\_\_ Next Due \_\_\_\_\_

Are support payments made directly to you? Yes \_\_\_ No \_\_\_

If not, through which state or agency? \_\_\_\_\_ Court Ordered? Yes \_\_\_ No \_\_\_

Name and Address of Court \_\_\_\_\_

**CHILD SUPPORT PAYMENTS YOU OR SOMEONE IN HOUSEHOLD MUST MAKE** (Request additional sheet of paper if necessary)

1. Support Provider's Name \_\_\_\_\_ Child's Name and Address \_\_\_\_\_ DOB \_\_\_\_\_

Name and Phone No. of Parent/Guardian child resides with \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name, Address, Phone No. of person receiving support payments \_\_\_\_\_

Amount Last Paid \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Money Order \_\_\_ Court Ordered? Yes \_\_\_ No \_\_\_

Name and Address of Court \_\_\_\_\_

2. Support Provider's Name \_\_\_\_\_ Child's Name and Address \_\_\_\_\_ DOB \_\_\_\_\_

Name and Phone No. of Parent/Guardian child resides with \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name, Address, Phone No. of person receiving support payments \_\_\_\_\_

Amount Last Paid \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Cash \_\_\_ Check \_\_\_ Money Order \_\_\_ Court Ordered? Yes \_\_\_ No \_\_\_

Name and Address of Court \_\_\_\_\_

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

Basic Expenses	Amount	Frequency	Date Last Paid	Name on Bill	Amount Due
Rent/Mortgage		Week ___ Month ___			
Food		Week		N/A	
Diapers		Week		N/A	
Gasoline for Vehicle(s)		Week		N/A	



Household Supplies		Week		N/A	
Gas		Month			
Electric		Week ___ Month ___			
Oil		Month			
Prescriptions		Week ___ Month ___			
<b>OTHER EXPENSES</b>					
Cable		Month			
Car Payments		Month			
Court Fees, Fines, etc		Week ___ Month ___			
Credit Cards		Month			
Personal Loans		Week ___ Month ___			
Rent to Own Items		Week ___ Month ___			
Telephone		Month			
Cell Phone		Month			
Internet Connection		Month			
Other		Week ___ Month ___			

**ASSISTANCE REQUESTED (BE SPECIFIC)** \_\_\_\_\_

**REASON FOR REQUEST** \_\_\_\_\_

\_\_\_\_\_

Have you or any other member of your household ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

When? \_\_\_\_\_ Which city/town/state? \_\_\_\_\_

Provide details \_\_\_\_\_

Are you or any other household member presently on parole or probation? Yes \_\_\_ No \_\_\_ If yes, which city/town/state? \_\_\_

\_\_\_\_\_ Name of parole/probation officer \_\_\_\_\_

Phone Number \_\_\_\_\_ Provide Details \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I / We understand that:

I / We, the undersigned, agree to repay the Town of New Durham for any assistance granted pursuant to RSA 165; any misrepresentation of information pursuant to RSA 641:3 used in determining eligibility would terminate all aid from the Town of New Durham for up to one year; all information supplied by me / us is subject to investigation and verification. Any change in my status must be reported to the Welfare Office within 3 working days and failure to do so may result in suspension of my / our assistance. I / We may request a fair hearing if I am / we are not satisfied with any decision regarding my / our assistance; I / We must do so in writing to the Commissioner within 5 working days. My/Our signature(s) below constitute(s) the granting of my / our authority for the Town of New Durham to obtain verification and or proof from all sources concerning my / our household's circumstances.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's/Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**

I / We authorize any relative, physician, lawyer, banker, check cashing service, employer, former employer, insurance company, health care provider, mental health professional, pharmacy, hospital, emergency care facility, ambulance service, police, Sheriff, State Police, firefighter, EMT, Red Cross, Salvation Army or any persons or organizations concerning my/our circumstances to furnish such information to New Durham Welfare. I / We further 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, Southern NH Services, or any non profit agency to release information from their files to the Town of New Durham Welfare Department.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's/Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**APPLICANT'S RELEASE OF INFORMATION**

I / We authorize the Town of New Durham Welfare Department to release information to any persons or organizations concerning my/our circumstances or 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, Southern NH Services, Red Cross, mental health professional, Division of Adult and Elderly Services, NH Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Salvation Army, food pantries or any Town of New Durham departments connected with the administration of Welfare.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's/Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**CASES WILL BE HELD OPEN FOR 6 MONTHS AFTER LAST CONTACT.**

The New Durham Welfare Department will be holding cases open for 6 months from the date of last contact with this office. Returning clients must continue to comply with all requirements of prior Notices of Decision; including but not limited to using all income for basic needs as detailed on prior Notices of Decision. Clients will be expected to provide written verification of all income and dated receipts for expenses for the weeks prior to their return date. Failure to comply may result in a delay or suspension of assistance.

**VOLUNTARY QUIT LAW.**

Pursuant to the provisions of RSA 165A voluntary termination of employment without good cause could lead to disqualification from receiving general assistance in the future,

**RSA 641:3**

The New Durham Welfare Department may refer violations of RSA 641:3 to the appropriate authorities for prosecution RSA 641:3 provides:

**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.
  - (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 statements and certify that I/We fully understand them.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's/Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**Applicant(s) (client(s) do not sign the following until the conclusion of intake interview.**

I hereby certify that all notes and/or alterations written on my application by the caseworker(s) during this intake process accurately reflect my responses to questions and any additional information I provided. I further certify that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**

I hereby certify \_\_\_\_\_ signed in front of me at the conclusion of the interview.

**Caseworker Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_