8/5/2013

TOWN OF MERRIMACK, NEW HAMPSHIRE
DOCUMENTATION REQUIRED FROM APPLICANTS
TEL: 423-8535

Name: _____ **Today's date:** _____

Address: _____ **Telephone:** _____

APPOINTMENT: _____ **Welfare Official: Pat Murphy**

The following checked off information or anything else applying to **all your household** must be brought in at the time of your appointment in order for you to apply for Welfare from the Town of Merrimack. A good faith effort to obtain information, which may not be immediately available due to location or other circumstances beyond your control, will not delay processing of your application. Failure to provide required documentation might delay processing of your application.

_____ **PROOF OF INCOME *of last 30 days*** from any source for current month (pay stubs, wage verification form, Terminated Employment Documentation, child or alimony support payments, Worker's Compensation documentation, Social Security benefits, State Cash Assistance, Unemployment compensation, affidavit from family and friends providing assistance, etc.)

_____ **RESIDENCE/SHELTER EXPENSES** current rent receipts, mortgage book or statement, (breaking payment into principal, interest and escrow amounts), & utility bills (PSNH, water, heating bill and phone).

_____ **PERSONAL EXPENSES VERIFIED** from the last 30 days expenses of prescriptions, daycare expenses (if working), required car repair bills, car registration and inspection.

_____ **PROOF OF PERSONAL OR REAL PROPERTY** vehicle registration, house, trailer, motorcycle etc and loan payment books/statements/print outs.

_____ **PROOF OF RESOURCES** Fuel or Electric Assistance, Food Stamps, Cash or Medical Assistance. Current statements for debit card, savings/checking accounts or last 30 day print out with check book or debit card. Current balance of checking or savings accounts, credit union accounts, CD, IRA, 401K, Life insurance with cash value, etc

_____ **DOCTOR'S STATEMENT** if unable to work (Extent of disability and duration)

_____ **DOCUMENTATION OF APPLICATION TO STATE OR FEDERAL AGENCIES**, Application for Cash Assistance, Emergency Food Stamps, Food Stamps, Medical, or Child Care to State Welfare on 3 Pine St. Ext., Nashua and/or for Application of SSDI or SSI from Social Security, 175 Amherst St., Nashua.

_____ **DIVORCE DECREE OR MARRIAGE LICENSE**

_____ **PROOF OF IDENTIFICATION** picture ID, birth certificate and social security card

_____ **PROOF OF CHILDREN** picture IDs, birth certificates and/or social security cards

_____ **AFFIDAVIT** signed by you indicating that immediate financial assistance is not available form responsible relatives per State Law RSA 165:19. (attached to application)

_____ **TERMINATION or SANCTION NOTICE** from previous welfare office (state or city/town)

_____ **RENTAL VERIFICATION FORM** completed by Landlord (if enclosed).

_____ **DOCUMENTATION OF EMERGENCY** Demand of Rent, Notice to Quit, Disconnect of Electric or Heat, or Prescriptions and MD Medical Necessity of Prescription Need Form.

_____ **OTHER** _____

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