1/26/2017

TOWN OF MERRIMACK, NEW HAMPSHIRE
DOCUMENTATION REQUIRED FROM APPLICANTS
TEL: 423-8535, Town Hall 6 Baboosic Lake Rd., Merrimack, NH 03054

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

Address: _____ **Telephone:** _____

APPOINTMENT: _____ **Welfare Official: Patricia 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 (electric, water, heating bill and phone).

_____ **PERSONAL EXPENSES VERIFIED** the last 30 days expenses of prescription receipts or pharmacy printout, daycare receipts (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 (All pages). Last 30 day printout for debit card, savings/checking accounts or last current statement 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 at 3 Pine St. Ext., Nashua, www.nheasy.nh.gov or 1-800-852-3345 and/or for Application of SSDI or SSI from Social Security, 175 Amherst St., Nashua or 1-800-772-1213. Call Fuel Assistance 889-3440 for appt.

_____ **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** _____

_____

Application for General Assistance

Town of Merrimack
6 Baboosic Lake Rd.,
Merrimack, NH 03054

Date of Application Received:	Official reviewing Application:

PLEASE PRINT. FILL IN ALL AREAS OR INDICATE IF SOMETHING DOES NOT APPLY.

Household Address Information

Street Number	Street Address	Apt../Unit #	Length of Time at Residence

City	State	ZIP Code

Phone: ( )	Cell Phone: ( )	Cell Phone: ( )

Applicants 18 yrs old or older Household Members

Name (first, initial, last)	Age	Date of Birth	Social Security Number	Marital Status
				☐Single; ☐ Married; ☐ Divorced; ☐Separated (List Date_____)
				☐Single; ☐ Married; ☐ Divorced; ☐ Separated (List Date_____)
				☐Single; ☐ Married; ☐ Divorced; ☐ Separated (List Date_____)
				☐Single; ☐ Married; ☐ Divorced; ☐ Separated (List Date_____)

Less than 18 yrs. old Household Members

Names (first, initial, last)	Age	Date of Birth	Social Security #	Relationship to Applicants	Medical Coverage

List last addresses for past two years, starting with most recent residence.

Town/City/ State	Street Address	From	To	If not entire household, who?

Housing Payment Information

Pay rent ☐ Own home ☐ Lease with option to buy ☐ Number of Bedrooms:_____

Amount of Rent or Mortgage	How often paid: ☐Monthly ☐Weekly or Other: _____	When due:	Rent Assistance Amount if
$_____		_____	None ☐; $_____;

Housing cost includes: Electric ☐ Heat ☐ Water☐ Escrows for taxes and insurance ☐ Other _____.

Landlord / Mortgage Company Information

Landlord OR Mortgage Co.	Address	City	State	Are they a Relative?
				☐ No, not a relative. ☐Parent; ☐ Adult Child Other relative:_____

Do you currently have? Notice to Quit ☐ Demand for Rent ☐ Writ of Possession ☐ Foreclosure or Forbearance ☐

If you have any of the above, When was the above received?_____ When is the date of action?

Non Household Relatives Responsible for Assistance per State Law 165:19

Applicant:	Mother's Name: (first and last)	Address:	City:	State:	Employment	If deceased give date:

Applicant:	Father's Name: (first and last)	Address:	City:	State:	Employment	If deceased give date:

Applicant:	Mother's Name: (first and last)	Address:	City:	State:	Employment	If deceased give date:

Applicant:	Father's Name: (first and last)	Address:	City:	State:	Employment	If deceased give date:

Additional Adults or Children's Parent or Spouse *Not Listed As Part of Household*

Applicant/ Child:	Parent's or Spouse's (Name)	Address:	City:	State:	Employment	If deceased give date:

Applicant/Child	Parent's or Spouse's (Name):	Address:	City:	State:	Employment	If deceased give date:

List All Children That Reside Outside of Household. IF NONE ☐ check here.

Applicant	Child's Name (first & last)	Address	City	State	Employment	Date of Birth

Work History of All Household Members for last 2 years.

Applicant	Employer	Position	Wage or Salary	Employment Dates	Reason for Leaving
				to	
				to	
				to	
				to	
				to	
				to	

Military Service Record of All Household Members | IF NONE ☐ check here.

Veteran	Military Branch	Benefits	Dates Serviced	Status
			to	Honorably Discharged: ☐ Active : ☐
			to	Honorably Discharged: ☐ Active : ☐

List Educational Background For All Adult Household Members

Applicant:	Grade last attended	Degree:	Types of Training and Skills

***If there are any circumstances that keep any household member from being Employed Full Time**, please explain.*

List All Assets and Accounts of Household Members:

If No Debit Card, Checking or Saving Accounts ☐ check here.

Name of Account Holder	Bank/Credit Union Name/ Debit Card Co.	Checking or Debit Account Number	Checking or Debit Balance Today	Saving Account Number	Saving Balance Today

All Household Members Cash on Hand Total is: $ **If no cash available ☐ check here.**

Household Asset Type	If None check box	Account Name or Property Address	Account Number	Account or Property Owner	Balance or Value
Certificates of Deposit (CD)	None ☐				
Savings Bonds	None ☐				
Mutual Funds	None ☐				
Stocks or Bonds	None ☐				
Retirement Accounts (IRA, 401K, 457, etc.)	None ☐				
Property other than main housing.	None ☐				
Motorcycle, Boat, ATV, RV, Snowmobile	None ☐				
Annuities	None ☐				
Trust Fund	None ☐				
Insurance Policy with cash value (whole life)	None ☐				
Other Assets	None ☐	Please List:			

Household Future Claims /Settlements or Income

Type	If None check box	Name it is under	Contact Name or Telephone #	Amount Expected	When Expected
IRS Refund	None ☐				
Insurance Claim	None ☐				
Retroactive Disability	None ☐				
Retroactive Unemployment	None ☐				
Inheritance	None ☐				
Other Lump Sum	None ☐	(explain)			

Is anyone in your Household represented by any Lawyer or have consulted a lawyer regarding a lawsuit?

Lawyer Name	Address	Telephone #	Applicant

Give details or reason or **Check NONE ☐:**

Household Motor Vehicles **If NONE ☐ Check Box**

Owner	Auto Make	Model	Year	Value	Payment Amt.	Frequency
						Week ☐ Month ☐
						Week ☐ Month
						Week ☐ Month ☐

HAVE YOU APPLIED TO TOWN OR CITY WELFARE BEFORE? ☐**NO** ☐**YES (complete below)**

If Yes WHEN?_____ **WHAT CITY /TOWN?**_____ **UNDER WHAT LAST NAME?**_____

What assistance did you receive?_____

Did you ever receive a Sanction Notice or Warning?_____

General Assistance Application for Town of Merrimack, NH

Household income and Resources	Check if None	Check if N/A	Amount Last Received	Date Last Received	How often do you receive this?	Name received under.	If Applied give date.
State Cash TANF (Temporary Assistance to Needy Families)	☐none	☐ N/A	$				
State Cash APTD (Aid to Permanent & Total Disabled)	☐none	☐ N/A	$				
Food Stamps	☐none	☐ N/A	$				
Fuel Assistance	☐none	☐ N/A	$				
State Old Age Assistance	☐none	☐ N/A	$				
State Aid to the Blind	☐none	☐ N/A	$				
Child Support	☐none	☐ N/A	$				
Employer Disability Pay	☐none	☐ N/A	$				
Retirement or Pension	☐none	☐ N/A	$				
WIC supplement foods	☐none	☐ N/A	For:				
SSDI (Disability)	☐none	☐ N/A	$				
SSI (Supplemental)	☐none	☐ N/A	$				
Unemployment	☐none	☐ N/A	$				
Severance Pay	☐none	☐ N/A	$				
Veteran's Benefit	☐none	☐ N/A	$				
Vocational Rehab.	☐none	☐ N/A	$				
Trust /Annuity/Saving Bond	☐none	☐ N/A	$				
Income Tax Return	☐none	☐ N/A	$				
Workman's Compensation	☐none	☐ N/A	$				
Wages (applicant)	☐none	☐ N/A	$				
Wages (2nd applicant)	☐none	☐ N/A	$				
Wages (3rd applicant)	☐none	☐ N/A	$				
Wages (minor over 14 yrs.)	☐none	☐ N/A	$				
Boarder or Rental Income	☐none	☐ N/A	$				
Self Employment	☐none	☐ N/A	$				
Gifts or Loans	☐none	☐ N/A	$				
Other:	☐none	☐ N/A	$				

Medical Insurance Coverage			Check here ☐ if no coverage in household.		
Insurance or Assistance	Who is covered?	Start or Application Date	End Date	Cost	Co pay cost or deductible

Household Basic Need Expenses	None	Monthly Estimate	Last Amount Paid	Last Date Paid	Amount behind.
Rent (Includes utilities ☐)	☐				
Mortgage (Includes Tax & Ins.Escrows ☐)	☐				
Food	☐				
Electric Bill (includes heat ☐)	☐				
Heat (natural gas☐, propane☐, oil ☐)	☐				
Telephone	☐				
Prescriptions Expenses	☐				
Car Payment	☐				
Car Gasoline	☐				
Household cleaners, paper product, laundry & personal hygiene supplies.	☐				
Child Care Expense for working hours.	☐				
Rent Lot for Mobile Home	☐				
Condo Fee	☐				
Other:_____	☐				

List any unplanned, emergency or irregular expenses that you have documentation for in the last 30 days. Such as Car registration, inspection, repairs; Drivers License; Water Bill, Transportation Costs; Taxes (Income or Property & Sewer); Home repairs or insurance; Medical or Dental Bills; Court ordered Fines or payments. (Will need documentation).

List Expense	Check if NONE ☐	Amount of Expense Paid	Date Expense Paid	Balance still owed

ASSISTANCE REQUESTED:_____

REASON FOR REQUEST: _____

_____

_____

_____

_____

_____

_____

_____

Please initial each statement below showing that you have read and understand the statement. Please do not hesitate to ask any questions.

I understand that if our household receives assistance then our household members will be required to repay any assistance provided if we are returned to income status which enables us to reimburse the Town without financial hardship. (RSA 165:20-b) _____ (initials)

I understand that if our household receives assistance from the Town household adult members over 18 years may be required to participate in work program to re-pay my assistance and complete job search for full time work. (RSA 165:20-b) _____ (initials)

I understand that if our household receives assistance, the Town may place a lien against any real property in which any household member owns. For Real Estate a lien will be recorded with the Registry of Deeds and accrue a 6% interest starting one year after first assistance is given. After re-payment a lien is removed.(RSA 165:28) _____ (initials)

I understand that if assisted, the Town may place a lien against any property settlement or civil judgment for personal injuries which I receive with six years of receiving Town Assistance. (RSA 165-28-a) _____(initials)

I understand that the Town reserves the right to investigate and pursue reimbursement from responsible relatives. (RSA 165:19) _____ (initials)

I understand that if anyone in my household obtains a job after we are assisted by any municipality and he/she later quits the job without good cause, we may be ineligible for local assistance from any municipality for a period of up to ninety days. (RSA 165:1-d) _____ (initials)

I understand that any changes in status of the above information must be reported to the Welfare Official within 3 working days. _____ (initials)

I understand that the information supplied in this application and verifications provided are subject to investigation. _____ (initials)

I further understand that my signature(s) below constitutes the granting of my authority for the Town of Merrimack to obtain verification and / or proofs from appropriate sources having knowledge concerning our household circumstances. _____ (initials)

(THIS SECTION BELOW MUST BE SIGNED AND WITNESSED IN THE PRESENCE OF THE WELFARE OFFICIAL)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides true information of my income, assets, resources, expenses and needs. I understand any false, misleading or omitting information or statements in my application shall result in termination of any assistance and prosecution per RSA 641:3.11 (a-c) which a person is guilty of a misdemeanor if with a purpose to deceive a public servant in the performance of his or her official function.

I hereby certify that all the 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 or misleading information or withhold or omit information related to my receipt of assistance, now or in the future, the Town assistance shall be terminated and I shall be prosecuted for the crime of Unsworn Falsification. (RSA 641:3) .

Applicant Signature:		**Date:**
Applicant Signature:		**Date:**
Applicant Signature:		**Date:**
Applicant Signature:		**Date:**

Sworn before me this _____day of _____20_____

_____

Welfare Official

Signature Page for Adult Applicants:

Applicant Name (print) _____ Co-applicant Name (print) _____

Spouse Name (print) _____ Co-applicant Name (print) _____

Applicants Reimbursement Agreement

I/ We understand and agree to repay the Town of Merrimack, NH for any assistance granted pursuant to RSA 165 at some future date when possible. Such recovery of these expenses shall be made through a repayment program per RSA 165:20-B.

Applicant Signature _____ Date _____ Co-applicant Signature _____ Date _____

Spouse Signature _____ Date _____ Co-applicant Signature _____ Date _____

Applicants Authorization to Furnish Information

I/ We authorize and request any relative, physician, lawyer, banking/lending/financial institution, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, healthcare provider, mental health professional /provider, pharmacy, hospital, emergency care facility, ambulance service, funeral home/ crematorium, rent-to-own business, police, sheriff, State Police, fire department, tax preparer, accountant, Department of Homeland Security, 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 town, city, county, state or federal department, shelter, domestic violence or crisis organization, Department of Employment Security, Veteran's Administration, Southern NH Services, or any other public, religious or private organization providing assistance or help or any other person, business, organization or agency having information concerning my circumstances to furnish such information to the Merrimack, NH Welfare Administrator for the purposes of my establishing application for general assistance.

Applicant Signature _____ Date _____ Co-applicant Signature _____ Date _____

Spouse Signature _____ Date _____ Co-applicant Signature _____ Date _____

Applicants Release of Information

I/We authorize the Town of Merrimack, NH Welfare Department to release information to any relative, physician, lawyer, banking/lending/financial institution, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, healthcare provider, mental health professional /provider, pharmacy, hospital, emergency care facility, ambulance service, funeral home/ crematorium, rent-to-own business, police, sheriff, State Police, fire department, tax preparer, accountant, Department of Homeland Security, 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 town, city, county, state or federal department, shelter, domestic violence or crisis organization, Department of Employment Security, Veteran's Administration, Southern NH Services, or any other public, religious or private organization providing assistance or help or any other person, business, organization or agency concerning my/our circumstances in the event that it should be necessary that such release is made to further my application for or receipt of assistance or benefits from that agency I agree to waive my right of privacy and confidentiality.

Applicant Signature _____ Date _____ Co-applicant Signature _____ Date _____

Spouse Signature _____ Date _____ Co-applicant Signature _____ Date _____

Town of Merrimack, New Hampshire
Welfare Department
6 Baboosic Lake Rd.
Merrimack, NH 03054
Telephone (603) 423-8535
Fax (603) 424-0516

SELF DECLARATION AFFIDAVIT FOR RESPONSIBLE RELATIVES

To Merrimack Town Welfare:

Let it be know that I, _____, do hereby state that I do not have any responsible relatives (Mother, Father, Father-in-law, Mother-in-law, Stepfather, Stepmother, Daughter or Son) that are able to assist me financially at this time in accordance with the law RSA 165:19.

The reasons they are financially unable to help are:

_____

_____

_____

_____

_____

_____

_____

_____

_____

By signing below I understand that "a person is guilty of a misdemeanor if with a purpose to deceive a public servant in the performance of his official function he makes any written false statement which he does not believe to be true, or if he knowingly creates a false impression for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he submits or invites reliance on any written which he knows to be lacking in authenticity." NH State Law RSA 641:3.11

Applicant's Signature _____Date_____

NH Department of Health & Human Services (DHHS)
Division of Family Assistance (DFA)

DFA Form 11
08/12 rev. 9/15

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains

Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of Individual or Agency Providing the Information:

NH DHHS – All programs and divisions.

to provide the following information:

CASE DETAILED INFORMATION

to:

Name and Address of Individual or Agency Receiving the Information:

Town of Merrimack Welfare Department
6 Baboosic Lake Rd., Merrimack, NH
03054
603 423-8535 Fax. 603 424-0516
welfare@merrimacknh.gov

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)