

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

Household Address Information			
Number	Street Address	Apt./Unit #	Length of Time at Residence
Town		State	Zip Code
Home Phone: ( ) _____		Cell Phone: ( ) _____	Cell Phone: ( ) _____

Applicants ( Household Members 18 yrs old or older )				
Name (first, initial, last)	Age	Date of Birth	Social Security Number	Marital Status
				<input type="checkbox"/> Single; <input type="checkbox"/> Married; <input type="checkbox"/> Divorced; <input type="checkbox"/> Separated (List Date _____)
				<input type="checkbox"/> Single; <input type="checkbox"/> Married; <input type="checkbox"/> Divorced; <input type="checkbox"/> Separated (List Date _____)
				<input type="checkbox"/> Single; <input type="checkbox"/> Married; <input type="checkbox"/> Divorced; <input type="checkbox"/> Separated (List Date _____)
				<input type="checkbox"/> Single; <input type="checkbox"/> Married; <input type="checkbox"/> Divorced; <input type="checkbox"/> Separated (List Date _____)

Other Household Members (Less than 18 yrs. old)				Relationship	
Names (first, initial, last)	Age	Date of Birth	Social Security #	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 <input type="checkbox"/>	Own home <input type="checkbox"/>	Lease with option to buy <input type="checkbox"/>	Number of Bedrooms: _____
Amount of Rent or Mortgage \$ _____	How often paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly or Other: _____	When due: _____	Rent Assistance Amount if None <input type="checkbox"/> ; \$ _____
Housing cost includes: <input type="checkbox"/> Electric <input type="checkbox"/> Heat <input type="checkbox"/> Water <input type="checkbox"/> Escrows for taxes and insurance <input type="checkbox"/> Other _____			

Landlord / Mortgage Company Information			
Landlord OR Mortgage Co.	Address	City	State
Are they a Relative?			<input type="checkbox"/> No, not a relative. <input type="checkbox"/> Parent; <input type="checkbox"/> 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? \_\_\_\_\_

General Assistance Application for Town of Merrimack, NH

**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	

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

Veteran	Military Branch	Benefits	Dates Served	Status
			to	Honorably Discharged: <input type="checkbox"/> Active : <input type="checkbox"/>
			to	Honorably Discharged: <input type="checkbox"/> Active : <input type="checkbox"/>

**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.*

General Assistance Application for Town of Merrimack, NH

**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 <input type="checkbox"/>				
Savings Bonds	None <input type="checkbox"/>				
Mutual Funds	None <input type="checkbox"/>				
Stocks or Bonds	None <input type="checkbox"/>				
Retirement Accounts (IRA, 401K, 457, etc.)	None <input type="checkbox"/>				
Property other than main housing.	None <input type="checkbox"/>				
Motorcycle, Boat, ATV, RV, Snowmobile	None <input type="checkbox"/>				
Annuities	None <input type="checkbox"/>				
Trust Fund	None <input type="checkbox"/>				
Insurance Policy with cash value (whole life)	None <input type="checkbox"/>				
Other Assets	None <input type="checkbox"/>	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 <input type="checkbox"/>				
Insurance Claim	None <input type="checkbox"/>				
Retroactive Disability	None <input type="checkbox"/>				
Retroactive Unemployment	None <input type="checkbox"/>				
Inheritance	None <input type="checkbox"/>				
Other Lump Sum	None <input type="checkbox"/>	(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 <input type="checkbox"/> Month <input type="checkbox"/>
						Week <input type="checkbox"/> Month <input type="checkbox"/>
						Week <input type="checkbox"/> Month <input type="checkbox"/>

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)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
State Cash APTD (Aid to Permanent & Total Disabled)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Food Stamps	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Fuel Assistance	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
State Old Age Assistance	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
State Aid to the Blind	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Child Support	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Employer Disability Pay	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Retirement or Pension	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
WIC supplement foods	<input type="checkbox"/> none	<input type="checkbox"/> N/A	For:				
SSDI (Disability)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
SSI (Supplemental)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Unemployment	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Severance Pay	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Veteran's Benefit	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Vocational Rehab.	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Trust /Annuity/Saving Bond	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Income Tax Return	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Workman's Compensation	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Wages (applicant)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Wages (2 <sup>nd</sup> applicant)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Wages (3 <sup>rd</sup> applicant)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Wages (minor over 14 yrs.)	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Boarder or Rental Income	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Self Employment	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Gifts or Loans	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
Other:	<input type="checkbox"/> none	<input type="checkbox"/> N/A	\$				
<b>Medical Insurance Coverage</b>					<b>Check here <input type="checkbox"/> if no coverage in household.</b>		
<b>Insurance or Assistance</b>	<b>Who is covered?</b>		<b>Start or Application Date</b>	<b>End Date</b>	<b>Cost</b>	<b>Co pay cost or deductible</b>	

General Assistance Application for Town of Merrimack, NH

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

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 <input type="checkbox"/>	Amount of Expense Paid	Date Expense Paid	Balance still owed

**ASSISTANCE REQUESTED:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Assistance Application for Town of Merrimack, NH

**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) .

<b>Applicant Signature:</b>		<b>Date:</b>

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**

**NOTICE OF RIGHTS AND RESPONSIBILITIES**

**APPLICANTS**

**RIGHTS:**

1. You have the right to make a written application for assistance, even if you have been verbally told that you do not qualify.
2. You have the right to receive a prompt written decision telling you whether or not you qualify and the amount of assistance awarded.
3. You have the right to appeal any decision with which you do not agree. You must appeal within 5 working days after you have received your decision.
4. You have a right to have your assistance continued only if you are already receiving assistance and you request a Fair Hearing. This request is made in writing to the welfare office.
5. You have a right to review the guidelines used by the welfare official.

**RESPONSIBILITIES:**

1. To provide accurate, complete and current information concerning the needs, resources and the whereabouts and circumstances of relatives who may be responsible to assist you under RSA 165:19.
2. To notify the welfare officer within 72 hours when a change in needs or resources may effect the eligibility for continuing assistance.
3. To apply within 7 days, for any benefits or resources, public or private, that will reduce or eliminate the need for general assistance.
4. To keep all appointments as scheduled.
5. To notify the welfare office within 72 hours of a change of address or any change in the members of the household.
6. To diligently search for employment and provide verification of application for employment when requested, following a determination for general assistance.
7. To accept employment when offered. If you or any household member voluntarily terminates employment after receiving welfare, disqualification from receiving any further welfare may occur.
8. To provide a doctor's statement if you or members of your household claim an inability to work due to medical problems.
9. To participate in the welfare work program if physically and mentally able.

**WELFARE OFFICE**

**RIGHTS:**

1. The right to conduct an investigation to substantiate the facts as presented by the applicant. This investigation may take place prior to the applicant's receipt of welfare assistance.
2. The right to pursue reimbursement from responsible relatives as stated in RSA 165:19
3. The right to place a lien on any real estate recorded with Register of Deeds and imposes a 6% annual interest commencing one year after initial assistance is given.
4. The right to place a lien against any civil judgement to include: Property Passing by Will or Interstate Succession, by Property Settlements or a Civil Judgement of Personal Injuries.

**RESPONSIBILITIES:**

1. To explore facts concerning eligibility needs and resources available to the applicant/recipient.
2. To provide assistance in order to maintain and relieve an applicant/recipient who has been determined eligible.
3. To assist with application or referral to other programs of assistance or services for which the applicant/recipient may qualify.

By signing below I indicate that I have read and understand my Rights and Responsibilities:

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-applicant Signature                      Date

\_\_\_\_\_  
Spouse Signature                      Date

\_\_\_\_\_  
Co-applicant Signature                      Date



# TOWN OF MERRIMACK, NH

6 BABOOSIC LAKE ROAD • MERRIMACK, NH 03054 • WWW.MERRIMACKNH.GOV

## 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 \_\_\_\_\_

Assessing P: 603-424-5136 F: 603-423-8539	Community Development P: 603-424-3531 F: 603-424-1408	Finance P: 603-424-7075 F: 603-424-0461	Human Resources P: 603-424-2331 F: 603-424-0461	Media Services P: 603-423-8561 F: 603-424-0461
Public Assistance P: 603-423-8535 F: 603-423-8539	Public Works Administration P: 603-424-5137 F: 603-423-8539	Town Council P: 603-424-2331 F: 603-424-0461	Town Manager P: 603-424-2331 F: 603-424-0461	

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_, the undersigned, understand that from time to time,  
Print Your Name  
 the local welfare administrator for \_\_\_\_\_ may require certain information about  
Town/City

assistance I am applying for or receiving from the NH Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called "deeming"
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

**I understand that I have the option to provide any or all of the requested information myself.**

**I understand that any use of the above information inconsistent with these purposes is forbidden.**

**I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.**

**This authorization shall expire 180 days from the date it is signed.**

\_\_\_\_\_  
Signature Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

\_\_\_\_\_  
Relationship to You Witness Date