



# Town of Allenstown

Welfare Department  
16 School Street  
Allenstown, NH 03275  
Tel: 603-485-4276 / Fax: 603-485-8669

## APPLICATION INSTRUCTION SHEET

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1. Any person who is poor and unable to support him/herself is entitled to Assistance providing they meet eligibility requirements set out in the Town's Welfare Guidelines.
2. **WELFARE GUIDELINES:** Guidelines are available for review at the Town Hall during regular business hours
3. Each applicant and each adult living with the applicant, whether related or not must complete an application and provide information necessary to determine eligibility.
4. An application for assistance may be picked up at the Town Hall during regular work hours.. The application may be picked up before the appointment and completed to the best of the applicant's ability. An applicant **must make an appointment** to meet with the Welfare Officer to go over the application, the verifying documents (See page 2) and to determine applicant's eligibility.
5. **EMERGENCY ASSISTANCE** – An applicant who requires emergency assistance to avoid the loss of a necessity or when there is an imminent threat to life or health, should notify their Welfare Officer immediately. In case of emergency during non-working hours, contact the Allenstown Police Department.
- ~~6. Recipients are entitled to Assistance in the full amount by which their basic living expenses exceed their income and resources, not to exceed the Welfare Guidelines.~~
7. **VERIFICATION:** An applicant is required to verify factual information. Each applicant receives a list (Page 2) of items which must be verified. A good faith effort to obtain verification documents that are unavailable due to circumstances beyond the control of the applicant will satisfy this requirement and will not result in a delay in the processing of an application. If you are unable to obtain the requested verification, such as by a sworn statement signed by you.
8. **EMPLOYMENT:** Applicants are not required to be employed as a precondition to obtaining assistance: however, continued assistance may be conditioned on participation in a work program as well as meeting job search requirements. Continuing aid may be denied for failure to accept suitable employment.
9. **HOME VISITS:** As part of the general Assistance program you may be asked to participate in a home visit. The home visit is used to assist the Welfare Officer to determine all of the services needed to help an applicant and to verify eligibility information.
10. **DETERMINATION:** a decision will be made on each completed application within five (5) working days.
11. **APPEAL:** If an applicant is denied assistance in whole or in part, he/she has the right to request a fair hearing within five (5) working days of receipt of the Notice of Decision.

## REQUIRED VERIFICATIONS

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**YOUR APPOINTMENT IS SCHEDULED FOR:** \_\_\_\_\_

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:

- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Rental Verification Form
- \_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages
- \_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due
- \_\_\_\_\_ Employment verification form from your employer
- \_\_\_\_\_ Employment termination form from your last employer
- \_\_\_\_\_ You have applied for / are receiving Social Security benefits
- \_\_\_\_\_ You have applied at the HHS District Office for:
  - Emergency Food Stamps       Food Stamps       TANF
  - Title XX Daycare       APTD/MA       OAA
  - TANF Emergency Assistance

- 
- \_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits
  - \_\_\_\_\_ Verification of injury or illness
  - \_\_\_\_\_ You have applied for / are receiving Unemployment Compensation
  - \_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)
  - \_\_\_\_\_ Vehicle registration
  - \_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks
  - \_\_\_\_\_ Loan Disclosure, including, but not limited to: student and personal loans, and income tax
  - \_\_\_\_\_ Statement child support payments received / Child support court order
  - \_\_\_\_\_ Statement from room-mate(s) regarding division of expenses
  - Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

\_\_\_\_\_  
Welfare Staff signature

\_\_\_\_\_  
Applicant signature

## **BASIC NEEDS POLICY**

***PER COMMUNITY SERVICE GUIDELINES, IT IS THE APPLICANT / RECIPIENT'S RESPONSIBILITY TO UTILIZE ANY AVAILABLE BENEFITS OR RESOURCES TO REDUCE THE NEED FOR GENERAL ASSISTANCE.***

**COMMUNITY SERVICE DEPARTMENT WILL DIRECT THE APPLICANT / RECIPIENT TO APPLY FOR OTHER RESOURCES AND WILL REQUIRE AN APPLICANT / RECIPIENT TO USE FURTHER RESOURCES TO MEET BASIC NEEDS, IN ORDER TO REDUCE THE NEED AND DEPENDANCY ON GENERAL ASSISTANCE.**

**\* WHILE WORKING WITH ALLENSTOWN WELFARE, YOU ARE REQUIRED TO USE YOUR EARNED OR UNEARNED RESOURCES FOR BASIC NEEDS ONLY. THESE ARE RENT, FOOD, NON-FOOD HYGIENE ITEMS, UTILITIES OR PRESCRIPTIONS.**

**\* THE COST OF PUBLIC TRANSPORTATION WILL BE ALLOWED IF NEEDED FOR WORK OR MEDICAL APPOINTMENTS OR OTHER APPOINTMENTS NECESSARY TO MEET CONDITIONS OF ASSISTANCE.**

**\* PAYMENT OF TELEPHONES ARE NOT ALLOWED UNLESS A MEDICAL NOTE FROM A LICENSED PHYSICIAN THAT THE ABSENCE OF A TELEPHONE CREATES AN UNREASONABLE RISK TO HEALTH AND SAFETY.**

**\* CAR PAYMENTS, INSURANCE PAYMENTS, CREDIT CARD PAYMENTS, BAIL PAYMENT, LOAN PAYMENTS, REPAYMENT OF PERSONAL LOANS AND OTHER MISCELLANEOUS PAYMENTS WILL BE CONSIDERED UNALLOWABLE EXPENSES.**

**\* AS A CONDITION OF ASSISTANCE APPLICANTS ARE REQUIRED TO MAKE USE OF ALL AVAILABLE RESOURCES, TO MEET BASIC NEEDS.**

**\* DATED RECEIPTS FOR BASIC NEEDS ARE REQUIRED FOR FURTHER SERVICE, OR ASSISTANCE WILL BE REDUCED, DENIED OR A SANCTION MAY BE ISSUED.**

FORM A  
ALLENSTOWN  
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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE COVERAGE: \_\_\_\_\_

**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

Number of Bedrooms \_\_\_\_\_

LANDLORD: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

IF HOME-OWNER: Mortgage Amount \_\_\_\_\_ Date last paid \_\_\_\_\_ Owed \_\_\_\_\_

Bank/Mortgage Co \_\_\_\_\_ Address \_\_\_\_\_

**3. Education / Training / Employment**

	<u>Highest Grade</u> <u>Attended</u>	<u>G.E.D. or</u> <u>Diploma</u>	<u>Special Training or Skills</u>	<u>Military</u> <u>Service</u>
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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:**

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</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
JOB INCOME (net monthly)	_____	_____	_____	_____
JOB INCOME (net monthly)	_____	_____	_____	_____
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)	_____	_____	_____	_____
Worker's 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.)

Mortgage \_\_\_\_\_ Lot Rent \_\_\_\_\_ Electric \_\_\_\_\_  
Prescriptions \_\_\_\_\_ Food \_\_\_\_\_ Rent \_\_\_\_\_  
Child Support \_\_\_\_\_ Fuel Oil \_\_\_\_\_ Rent-To-Own \_\_\_\_\_  
Car Gasoline \_\_\_\_\_ Gas, Bottled \_\_\_\_\_ Car Insurance \_\_\_\_\_  
Gas, Natural \_\_\_\_\_ Car Payment \_\_\_\_\_ Health Insurance \_\_\_\_\_  
Telephone \_\_\_\_\_ Other \_\_\_\_\_ 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 Reparis \_\_\_\_\_ 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, worker's 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 165-28a)

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)

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

## APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We, \_\_\_\_\_, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also 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, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form (if not applicant); Relationship to applicant

\_\_\_\_\_  
Date

FORM B

**AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS**

I, \_\_\_\_\_, the undersigned, understand that from time to time, the local welfare administrator for \_\_\_\_\_ may require certain information about assistance I am applying for or receiving from the New Hampshire 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

FORM I

EMPLOYMENT VERIFICATION FORM

To Employer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

For the purpose of administration of municipal assistance, the following information is required for:

\_\_\_\_\_ [name of employee]

Date of Hire \_\_\_\_\_ Date starting/started work \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_

Full/part time \_\_\_\_\_ Hours per week \_\_\_\_\_ Paid  weekly  biweekly  other \_\_\_\_\_

Date of first/most recent paycheck \_\_\_\_\_ Net amount \_\_\_\_\_

=====

If \_\_\_\_\_ is no longer employed by your company:

Date of termination/separation \_\_\_\_\_ Date/net amount of last paycheck \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of immediate supervisor or person completing form

\_\_\_\_\_  
Date

FORM J

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

(Number/Street)

(Apt. #)

(City)

(State)

Number of Household Members: \_\_\_\_\_ List of Household Members: \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

Occupancy date: \_\_\_\_\_ Security Deposit: Amount: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Rent amount: \$ \_\_\_\_\_ ; paid  monthly  weekly  other \_\_\_\_\_

If subsidized rent, please list tenant portion: \$ \_\_\_\_\_

Rent Includes:  All utilities  No Utilities  Hot Water  Heat  Electric

Type of Heat:  Electric  Oil  Gas  Other \_\_\_\_\_

Date last rent was paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Total rent currently owed: \$ \_\_\_\_\_

*(if back rent is owed, please attach accounting of 3 months' payment history)*

For IRS reporting, landlord's Tax ID or Social Security # must be provided:

Tax ID #: \_\_\_\_\_ OR Social Security #: \_\_\_\_\_

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

\_\_\_\_\_  
Landlord's Name

\_\_\_\_\_  
Telephone / Fax Numbers

\_\_\_\_\_  
Landlord Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Name of Manager or other Representative

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

# EMPLOYMENT SEARCH RECORD

NAME: \_\_\_\_\_

*[In order to remain eligible for assistance, you are required to do a job search of 3-5 contacts daily. Use this form to list each employer you contact.]*

	DATE	EMPLOYER	PHONE NUMBER	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/Phone/ Mail/Resume	PERSON CONTACTED	TIME OF DAY	RESULTS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								