

2. Military Service Records:

Has the departed ever served in the military? _____ Veteran? _____

Was the departed receiving benefits? _____ How much? _____ Dates served: _____

Branch: _____ Does the departed have an Honorable Discharge? _____

3. Departed/Immediate Family Member Assets:

In the line of father, mother, stepfather, stepmother, son, daughter, husband or wife (RSA 165:19)

Bank Accounts? Yes No

Provide information regarding accounts held by the departed and all immediate adult family members:

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings Acct.#</u>	<u>Savings Balance</u>	<u>Checking Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any current value of assets held by the departed and all immediate family members? Yes No

Cash on hand: (all household combined) _____ Certificates of Deposit (CD's): _____

Savings Bonds: _____ Mutual Funds: _____ Annuities: _____ Stocks: _____

Trust Funds: _____ Retirement Funds: _____ Insurance Policies: (cash value) _____

401K: _____ Property other than primary residence: _____ Location: _____

Other Assets: (please list) _____

Any claims/settlements due to the departed or any immediate family members? Yes No

IRS Refund: _____ Insurance Claim: _____ Retroactive disability check: _____

Retroactive Unemployment or Worker's Compensation Check: _____ Inheritance: _____

Other Lump Sum Payment: (explain) _____

Has the departed or any immediate family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit? Yes No

If yes, which family member? _____

Please give details: _____

Lawyer: Name/Address/Phone number: _____

1. Certifications /Signatures/ Release of Information:

I understand I may be required to provide financial information to determine immediate family members ability to assist with the need, in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife, whether or not they reside in the departed's household. Should a relation refuse to render such financial information when requested, such person or persons could be summoned to appear in court for determination of ability to assist. RSA 165:19

I understand that immediate family members may be required to repay any assistance provided, if returned to an income status, and/or receive available financial resources, including income tax refund(s), which enables reimbursement without financial hardship. RSA 165:20-b.

I understand that if assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries (except any workers compensation settlement), received within six years of receiving municipal assistance. RSA 165:28-a.

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 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 immediate family 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 crimes of Unsworn Falsification RSA 641:3, Theft by Deception RSA 637:4 and/or Identity Fraud 638:27, which can result in imprisonment.



Signature of person completing form

Relationship to departed

Date

Release of Information



I/We _____ authorize any relative, physician, lawyer, banker, landlord, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to Allenstown NH Welfare. I/We also authorize the IRS, Social Security Administration, any State or County Division of Health & Human Services, Division of Children Youth and Families, Division of Adult & Elderly, NH Legal Assistance, City/Town Welfare Department, Homeless Shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to Allenstown NH Welfare.

I also waive my right to privacy and confidentiality contained in my file and/or any information received by Allenstown NH Welfare and authorize to release such information to other agencies to the extent that such release is made to further my application for, or receipt of, assistance from that agency.

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



Signature of person completing form

Relationship to departed

Date