

APPLICATION FOR ASSISTANCE

TOWN OF DALTON, NH

Date of Application: _____

General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ SS # _____

US Citizen? _____ Marital Status _____

Spouse/Co-Applicant Name _____ SS # _____

Address (If not the same as above) _____

Rent or Own? _____ How long at this address? _____

Mailing Address (If not the same as above)

Emergency Contact Name/Telephone _____

May we leave a message with this person? _____

Assistance Requested _____

Reason for request _____

Do you have a Disconnect/Eviction Notice? _____

If so: Date of Disconnect _____ Date of Eviction _____

Please Provide a Copy of the Notice.

List below all persons living in your household:

Full Name	Relationship	Age	Date of Birth	SS#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If at your current address less than 12 months, please list past 12 month's addresses:

Street	Town/City	State	Dates at addresses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Housing Information:

Rent Amount _____ per (month/weekly)

Date Last paid _____ Due Date _____

Total rent due: _____ Do you have a housing subsidy? _____

Utilities Included ☐ Heat ☐ Electric ☐ Gas ☐ Water/ Sewer ☐ Other

Landlord: Name _____ Telephone _____

Address _____

If Home-owner: Mortgage Payment Amount: _____

Date Last Paid _____ Owed _____

Bank/Mortgage Co

Name/Address _____

Education/Training /Employment

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
Applicant:	_____	_____	_____	_____
Spouse/Co-Applicant:	_____	_____	_____	_____
Household member	_____	_____	_____	_____
Household member	_____	_____	_____	_____

Employment History:

Applicant:

Are you employed now? _____ Employer's Name and address _____
_____ Phone # _____

Position _____ Start Date: _____

Date/Amount of most recent check _____

Are you paid weekly or bi-weekly? _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____

Date/Amount last check _____ Are you able to work now? _____

If not able to work, Why? _____

Did you apply for Unemployment _____ If not, Why? _____

Last two most recent employment:

Employer _____ Date Started _____ End Date _____

Employer _____ Date Started _____ End Date _____

Spouse/Co-applicant:

Are you employed now? _____ Employer's Name and address _____

_____ Phone # _____

Position _____ Start Date: _____

Date/Amount of most recent check _____

Are you paid weekly or bi-weekly? _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____

Date/Amount last check _____ Are you able to work now? _____

If not able to work, Why? _____

Did you apply for Unemployment _____ If not, Why? _____

Last two most recent employment:

Employer _____ Date Started _____ End Date _____

Employer _____ Date Started _____ End Date _____

Other Household Member:

Are you employed now? _____ Employer's Name and address _____

_____ Phone # _____

Position _____ Start Date: _____

Date/Amount of most recent check _____

Are you paid weekly or bi-weekly? _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____

Date/Amount last check _____ Are you able to work now? _____

If not able to work, Why? _____



Did you apply for Unemployment _____ If not, Why? _____

Last two most recent employment:

Employer _____ Date Started _____ End Date _____

Employer _____ Date Started _____ End Date _____

Household Assets:

Provide information regarding accounts held by you and all household members:

Name	Bank/Credit Union	Savings Acct # & Balance	Checking Acct # & Balance
------	-------------------	--------------------------	---------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Provide current value of any assets held by you and all household members:

Cash on Hand (all household combined) _____ Certificates of deposit (CD's) _____

Saving Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____

Trust Funds _____ Retirement /401k _____ Insurance Policies (cash Value) _____

Property other than primary residence _____ Location _____

Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____

Other Assets (please list) _____

Claims/settlements/income due to you or any household members:

IRS Refund _____ Insurance Claim _____ Retroactive Disability _____

Inheritance _____ Retroactive Unemployment/Worker's Comp _____

Other Lump Sums Payment(explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit? _____

If yes, Lawyer's Name/Address _____

Reason: _____

Do you or any household member have a lawsuit pending? _____ Who? _____

Please give details _____

Lawyer's Name/Address _____

Motor vehicles owned by you and all household members:

<u>Owner</u>	<u>Auto</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Insurance</u>
--------------	-------------	--------------	-------------	--------------	-----------------	------------------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

What town did you last register your vehicle? _____

Other 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
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Covid 19/ IRS Stimulus	_____	_____	_____	_____
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 Comp	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies? YES or NO

If Yes, Name _____ Agency Name _____

Contact Person _____ Phone # _____

Household Expenses:

List actual or estimated regular monthly expenses. (Not all expenses will be allowable to be included in your eligibility determination, all should be listed to show your financial situation.)

Bank Fees _____ Diapers _____ Mortgage _____ Bus/Cab _____

Electric _____ Prescriptions _____ Cable/Internet _____ Food _____

Rent _____ Child Support paid _____ Fuel Oil _____ Rent-to-Own _____

Car Gasoline _____ Gas, Bottled _____ Gas, Natural _____ School Loan _____

Car Insurance _____ Health Insurance _____ Storage _____ Car Payment _____

Telephone _____ Condo Fee _____ Laundry _____ Child Care _____

Lot Rent _____ Loan _____ Credit Card _____ Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____ Drivers License _____ Medical _____

Car Registration _____ Fines/Court Payment _____ Sewer/Water _____

Car Repairs _____ Home Repairs _____ Tax (Income /Property) _____

Dental _____ Home/Rent Insurance _____ Other _____

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 of jurisdiction? _____

Name & phone number of parole /probation officer _____

Liability for Support Information

Please provide following details:

Your Father _____ Address _____

Your Mother _____ Address _____

Co-applicant/spouse

Father _____ Address _____

Mother _____ Address _____

Co-applicant/spouse

Father _____ Address _____

Mother _____ Address _____

Your or Spouse/ co-applicant's adult children

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Certifications and Signatures

- (1) I understand that all questions on this application must be completed. An incomplete application will not be accepted and will be considered lack of compliance.
- (2) Receipts for all expenses incurred in the last 90 days to present date. Only documented expenses will be considered. This includes receipts to document expenses such as: rent, car payments, insurance, food, car repair, medical expenses (not covered by another source) any other necessary expenses. Only documented expenses will be considered in evaluation of your Welfare Application.
- (3) Documentation of all income in the last 90 days to present.
- (4) Documentation of other information relevant to your Welfare Application.
- (5) Documentation of upcoming expenses and income.

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 estate property which I own. RSA 165:28.

I hereby certify that if I have a lawsuit, workers' 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 settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement of civil judgment for personal injuries which I receive within six years of receiving municipal assistance. RSA 165:28-a

I hereby certify that the information I have provided on this application is completed to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I am 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 and/or Theft by Deception. RSA 637:4, :11.

I understand that any relative in the line of father, mother, step-father, step-mother, son, daughter, husband or wife be called upon to provide my needed assistance if they can do so without financial hardship to them. RSA 165:19.

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.

I give my permission to speak with any vendor and/or to speak with any person listed on my application.

Applicant Signature

Applicant Name Printed

Date

Spouse/Co-Applicant Signature

Spouse/Co-Applicant- Name Printed

Date

Signature of person completing form (If Not Applicant) _____

Please Submit application to:

Board of Selectmen

Town of Dalton,

756 Dalton Road,

Dalton NH 03598

Email to selectmen@townofdalton.com

(603) 837-7027 ext 10

Or you can deliver it in person to the Town Administrative Assistant at 756 Dalton Road, by appointment only. Appropriate social distancing and wearing of a mask is required in order to enter the Town Hall under the COVID-19 pandemic restrictions.