#### Town of Gilford FORM A

# **APPLICATION FOR ASSISTANCE**

te of Application	Referr	ed by	
<b>General Information:</b>			
Name		Date of Birt	h
Address			
Telephone	Social Securit	ty number	US Citizen?
Marital Status	Rent or Own?	How long at tl	nis address?
Spouse/Co-Applicant N	Name	SS#	
Spouse address (if not s	same as applicant)		
<b>Assistance Requested</b>			
	ocal assistance before?		
Where?		Under what	name?
Full Name	Relationship		
			_
If at your augment add	ress less than 12 months, p	place list past 12 month	a) a addraggaga
Street	Town/City	State	Dates of Residence
,			_

## 2. **Housing Information:**

	Rent amount	per (month/	week)	Date	last paid _	Da	te due	
	Do you have a current	: Demand fo	r Rent	☐ Notice	to Quit	☐ Landlord	/Tenar	nt Writ
	Total rent owed		_ Do you	have a hou	ısing subsid	ly?		
	Utilities Included: $\square$	Heat $\square$ E	lectric	Gas	$\square$ w	ater/Sewer		Other
	LANDLORD: Name				Telepho	one		
	Address							
	IF HOME-OWNER: N	Mortgage Amour	ıt	Date	e last paid _		Owed	l
	Bank/Mortgage Co			Add	lress			
3.	Education / Training  Applicant: Spouse/Co-Applicant:	Highest Grade Attended	<u>Dip</u>	<u>loma</u> <u>S</u>		ning or Skills		
	Applicant Work Hist Are you employed now When began work Are you unemployed a	w?Emp	_ Date/A	mount of m	ost recent c	heck		
	Are you unemployed now? Reason Date/Amount last check							
	Are you able to work now? If not able, why not?							
	Name		yourself a	-		mbers aged 1		der:

## 4. Household Assets:

Provide informa	tion regarding accou				
Name	Bank/Credit Union	Savings	<u>Savings</u> <u>Balance</u>	Checking	<u>Checking</u> <u>Balance</u>
Provide current	value of any assets h	eld by you ar	nd all househol	d members:	
Cash on hand (all	household combined	)	Certificat	es of Deposit (C	CD's)
Savings Bonds _	Mutual F	Funds	Annuitie	sSt	ocks
Trust Funds	Retirement Ac	ecounts	Insurance	e Policies (cash	value)
401k Prop	erty other than primar	y residence _		Location _	
Other Investment	S	Motorcycles/	Boats/Snowmol	oiles/ATV's/RV	''s
Other Assets (nle	ase list)				
Other Assets (pie	use list)				
Claims/settlemer	nts/income due to you	u or any hous	sehold member	•	
IRS Refund	Insurance Cl	aim	Retroact	ive disability ch	eck
Retroactive Unen	nployment or Worker'	's Compensati	on check	Inh	eritance
Other Lump Sum	Payment (explain)				
Have you or any	household member	consulted a la	awyer regardin	ng a possible la	wsuit?:
Lawyer Name/Ad	ldress				
Reason					
Do way an any h	ougahald maamban ba	a la	di 9	W/h o 9	
	ousehold member ha				
	S				
Lawyer Name/Ac	ldress				
Motor vehicles o	wned by you and all	household m	embers:		
Owner A	Auto Make Mode	<u>Year</u>	<u>Value</u>	<b>Payments</b>	Insurance

## 5. <u>Household Income</u>

ANB (Aid to the Needy Blind 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				
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				
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SSI (Supplemental Security) TANF Unemployment Vacation Pay Veteran's Pension				
TANF Unemployment Vacation Pay Veteran's Pension			<u> </u>	
Unemployment Vacation Pay Veteran's Pension				
Vacation Pay Veteran's Pension				
Veteran's Pension				
Vocational Rehabilitation				
V Octational Remainment				
WIC(Women/Infants/Children	n)			
Worker's Compensation				
Other: [				
Are you or any other houselfrom any other agencies?	old member working	ıg, volunteerinş	g, and/or receivi	ing assistance
<u>Name</u>		<u>me</u>	Conta	act Person

#### 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.)

	Bank Fees	_ Diapers		Mortgage			
	Bus/Cab	_ Electric		Prescriptions			
	Cable/Internet	_ Food		Rent			
	Child Support Paid	_ Fuel Oil		Rent-To-Own			
	Car Gasoline	_ Gas, Bottled		School Loan			
	Car Insurance	_ Gas, Natural		Storage			
	Car Payment	_ Health Insurance	;	Telephone			
	Condo Fee	_ Laundry		Other			
	Child Care	_ Loan		Other			
	Credit Card	Lot Rent		Other			
	List unplanned, emergency or irregular periodic expenses during the past 30 days:						
	Car Inspection	_ Drivers License		Medical			
	Car registration	_ Fines/Court Payr	ments	Sewer/Water			
	Car repair	_ Home Reparis _		Tax (Income/Property)			
	Dental	_ Home/Rent Insur	rance	Other			
7.	7. Criminal Information						
	Have you or any member of your household ever been convicted of a felony which has not been						
	annulled? (yes/no)	en?					
	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.	Please provide following details:  Your father Address						
			Address				
			Address Address				
	Co applicant mother						
	Co-applicant mother		Address				

#### 9. <u>Certifications and Signatures</u>

I understand that if I receive assistance from The Town of Gilford 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 Town of Gilford 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 Town of Gilford 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 Town of Gilford, and I later quit the job without good cause, I may be ineligible for local assistance from The Town of Gilford 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	Date
(if not applicant)	