

TOWN OF BARTLETT
OFFICE OF THE SELECTMEN
56 TOWN HALL ROAD
Intervale, NH 03845
(603) 356-2950

APPLICATION FOR ASSISTANCE

PLEASE READ CAREFULLY BEFORE COMPLETING!

General information for Applicant: It shall be the right of any individual regardless of race, age, sex, religious or political affiliation to make an application for local welfare assistance. All application forms and related material become the property of the Town of Bartlett and shall be considered confidential. Each application will be reviewed individually with the applicant before a determination of eligibility is made and should the applicant be aggrieved by the ultimate determination of eligibility, the applicant/recipient shall be entitled to a fair hearing if their request is made within five (5) days after receiving the decision.

When you have completed this form, and before you sign it, look it over **carefully** to make sure that you have given correct and complete information. Failure to complete any part will result in a delay of processing. You should understand that you are responsible now and at all times for **1)** giving us full and correct information regarding your situation and **2)** applying for and utilizing any benefits or resources that will reduce or eliminate the need for local welfare assistance.

Please return this application Monday thru Thursday between the hours of **8am to 12pm**. An appointment for an interview will be scheduled when this application is submitted. Thank you.

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1. Name: _____ Date of birth: _____
Phone number: _____ Social Security Number _____
Complete mailing address: _____
Street address: _____ Date moved in: _____
Former address: _____ Dates at this address: _____
Former address: _____ Dates at this address: _____
How long have you lived **continuously** in Bartlett? _____ years _____ months

2. Have you ever received any kind of assistance from another town? _____ yes _____ no
If yes, what town? _____ when? _____ how much? _____

3. Marital Status: (Circle one) Married Divorced Separated Legally separated Single
Name of spouse: _____ Date of birth: _____
Social Security number: _____ Address: _____

4. What is the total number of children you have? _____
How many children **do not** live with you? _____

APPLICATION FOR ASSISTANCE PG. 2

List **ALL** members of your household. (Include yourself and children living with you)

Name: _____ Date of Birth: _____
Social Security number: _____ Relationship: _____
Current Employer: _____ How Long? _____
Amount of last wages: _____ Date received: _____
Former employer (past year): _____ How long? _____

Spouse: _____
Date of Birth: _____ Social Security number: _____
Current Employer: _____ How long? _____
Former employer (past year): _____ How long? _____
Amount of last wages: _____ Date received: _____

Children living with you:

Name: _____ Birthdate: _____ Relationship: _____
Name: _____ Birthdate: _____ Relationship: _____
Name: _____ Birthdate: _____ Relationship: _____
Name: _____ Birthdate: _____ Relationship: _____

Does **anyone** else live in this household not outlined above? _____ yes _____ no

If **yes**,

Name: _____ Birthdate: _____ Relationship: _____
Current employer: _____ How long? _____
Social Security number: _____ Amount of last wages: _____
When were last wages received? _____

5. Your Parents:

Father: _____ Mother: _____
Address: _____ Address: _____
Employer: _____ Employer: _____
Your brothers: _____ Your sisters: _____

Spouse's Parents:

Father: _____ Mother: _____
Address: _____ Address: _____
Employer: _____ Employer: _____
Brothers: _____ Sisters: _____

APPLICATION FOR ASSISTANCE PG. 3

6. Current Housing

Name of Landlord: _____ Rent amount: _____ due on _____
 Mailing address: _____ Date last pd and amount: _____

7. Household Income and Benefits for the past 4 weeks:

YES NO AMT DATE APPLIED DATE RECV'D

	YES	NO	AMT	DATE APPLIED	DATE RECV'D
Unemployment Compensation					
Workman's Compensation					
Sick Benefits					
Business Profits					
Interest (Bank, CU, etc.)					
Income from relatives/borders					
Child support payments					
Rental property income					
Rent subsidy (Section 8 or NHA)					
Energy program payments					
Civil suit settlement					
Annuity or Trust					
VA Pension					
Other Pension					
Social Security					
Supplemental Security Income (SSI)					
Salvation Army					
WIC					
Food Stamps					
TANF (Temp Asst for Needy Families)					
Aid to families w/dependent children					
Old Age Assistance					
Aid to permanent/total disabled					
Income Tax Refund					
Any other sources not listed					

3. Assets of household

- Savings Account/CD's
- Checking Account
- Credit Union

<u>Bank Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

APPLICATION FOR ASSISTANCE PG. 4

	<u>Value</u>
Property (Residence, land, or other real estate)	_____
Automobiles - Make _____ Model _____	_____
Recreation vehicles (ATV, RV's, etc)	_____
Life insurance cash value	_____
Business or other	_____

9. List any other outstanding bills:

<u>Company Name</u>	<u>Service</u>	<u>Amount due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Specific requirements of the family:

Amount requested: _____
 Reason for request: _____
 Amount of cash on hand today: _____

PLEASE READ

“ A person is guilty of a misdemeanor if with 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 in this written application 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 writing which he knows to be lacking in authenticity.” RSA 641:3, 11, (a) (b) (d) (supp).

“Any person who intentionally fails to disclose the receipt of property, wages, income or resources or any change in circumstances that would affect his eligibility for assistance, shall be guilty of a class A felony where the value of the monetary award or goods or service exceeds one thousand dollars.. a class B felony where the value exceeds one hundred dollars.. a misdemeanor.. where the value does not exceed one hundred dollars.” RSA 167:17-b, IV.

I/We have read the above statements and fully certify that I/We understand them. Any misrepresentation, which affects eligibility or, amount of aid I/We may receive may cancel aid from the Town of Bartlett and may result in court action for recovery.

 Applicant's Signature

 Spouse's Signature

Email : _____

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I authorize any relative, physician, lawyer, banker, employer, insurance company, or other person or organization having information concerning my circumstances to furnish such information to the welfare officer (s) of the Town of Bartlett, NH. Social Security Administration, County Welfare, State Division of Welfare, may release information in their files to this office.

Applicant's Signature

Spouse's Signature

APPLICANT'S RELEASE OF INFORMATION

I authorize the Town of Bartlett, NH Welfare Officer (s) to release information as requested to the State Division of Welfare, Social Security Administration, County Welfare Office, School Personnel, or Physician.

Applicant's Signature

Spouse's Signature

REPAYMENT AGREEMENT

I agree to reimburse the Town of Bartlett, NH for welfare assistance, when I return to an income status. Such recovery of these expenses will be through a program of repayment mutually agreed upon at the time repayment is to begin.

Applicant's Signature

Spouse's Signature

State of New Hampshire,
County of Carroll

All the foregoing statements were subscribed and sworn to before me:

Notary Public/Justice of the Peace

My Commission Expires

(Rev 4/2010)

TOWN OF BARTLETT

Office of Selectmen
56 Town Hall Road
Intervale, New Hampshire 03845
(603) 356-2950

Suggested List of Verifications Required from Applicants for Welfare

In order to apply for General Welfare Assistance, the following information may be required at the time of your interview. Failure to bring in the required verifications will delay processing of the application. You should bring those items which apply to your case.

- _____ 1. Proof of Identification (Picture I.D., License, Birth certificate, Social Security card)
- _____ 2. Divorce decree or Marriage license
- _____ 3. Proof of children (Birth certificates or Social Security cards)
- _____ 4. Proof of residency (*Current* rent receipt and or lease or *Notarized* statement from person you are staying with)
- _____ 5. Residence/shelter expenses (Rent, utilities, water & sewage, etc.)
- _____ 6. Proof of income (Current pay stubs, court-ordered support payments, workers comp papers, Social Security benefits, AFDC, Food Stamps, Unemployment, etc)
- _____ 7. *Proof* you have applied for the following programs if eligible:
VA Benefits, Social Security or SSI, Workers Compensation, AFDC-IP Disabled Parent, FAP Assistance, AFCD -Single Parent, Old Age Assistance over age 62, APTD-Disabled, Food Stamps, Unemployment benefits
- _____ 8. Proof of Personal Property - (Car, Motorcycle, Trailer, House, etc.)
- _____ 9. Proof of cash resources (Savings and checking accounts, etc)
- _____ 10. Proof of layoff (Notarized statement from former employer stating you were laid off)
- _____ 11. Proof that you registered with employment security office (Date stamped employment card)
- _____ 12. Proof you are actively seeking employment (List places applied for work, complete with persons interviewed by, telephone number and date)
- _____ 13. Doctors statement if unable to work (Extent of disability and duration)
- _____ 14. Proof parents or spouse cannot help financially (Notarized statement why their income is not sufficient to help out)
- _____ 15. Termination notice from previous welfare (State, City or County Welfare)
- _____ 16. Other _____

YOUR APPOINTMENT IS SCHEDULED FOR _____ AT _____

AT THE BARTLETT TOWN HALL, SELECTMEN'S OFFICE - TOWN HALL ROAD,
INTERVALE, NH. IF YOU ARE UNABLE TO MAKE THIS APPOINTMENT, YOU MUST
CALL US IMMEDIATELY AT THE NUMBER LISTED ABOVE TO RESCHEDULE.