



TOWN OF BELMONT, NEW HAMPSHIRE

Welfare & General Assistance

CORNER MEETING HOUSE, 16 SARGENT STREET,
P.O. BOX 310, BELMONT, NEW HAMPSHIRE 03220-0310
OFFICE: (603) 267-8313 FAX 603-267-8314

Welfare & General Assistance
Donna Cilley, Director

WELFARE & GENERAL ASSISTANCE APPLICATION

****PLEASE NOTE****

Before Meeting with The Welfare & General Assistance Director

The Following is Required: ↓

- A Completed Application is Requested. **The Following Are Required,** Pay stub(s) Regular or Unemployment, Determination Letter or Disability Receiving or Paper work (if you have applied and are pending we need a copy of the pending letter), , Copy of Child Support You are Receiving or Paperwork or Canceled Check, Food Stamps, TANF Amount and Determination Letter, Copy of Driver's License and S/S Card(s).
- If You Are Requesting Rental Assistance the Landlord Form Must Be Filled Out and Signed by *The Landlord Prior to Meeting* with the General Assistance Director. Your Landlord May Fax the Landlord Rental Form Back to the Director at 603-267-8314, Hand Deliver it or Mail it Back to the Welfare Department.
- If You Are Requesting Utility Assistance the Director Must Have the Utility Bill or Account Number Prior To Making A Financial Determination.
- If You Are Out of Work Due to A Temporary Medical Problem You Must Provide A Doctor's Statement Stating, If You Are Totally Unable to Work and For How Long.
- If You Are Living with Your Parents or At One of Your Parents Residences the Following Documentation Is Required, A Notarized Statement That Your Parents Income Is Not Sufficient to Help You, Along with Your Parents Prior Years Tax Return.
- All TANF Applicants Must Apply for Emergency Assistance Funds Prior To Requesting Town Assistance Through the Department of Health & Human Services Under Your TANF Grant.

This Application is a legal document. Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material become the property of the Town of Belmont and considered confidential.

If you have questions or need help filling this application out please call Donna Cilley, Director at 603-267-8313. If you have an emergency and are unable to reach the director, please call 603-387-2199

REQUIRED CHECK LIST

You must provide the following documentations and verifications that apply to you at your time of your interview or your 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 current employer OR
Two Bi-Weekly or Four Weekly Pay stubs from your current employer.
 - _____ Employment termination form from your last employer
 - _____ You have applied for or are receiving Social Security benefits (S/S award letter needed)
 - _____ You have applied at the Department of Health & Human Services District Office for:
 - Emergency Food Stamps Food Stamps TANF
 - Title XX Daycare APTD/MA OAA
 - TANF Emergency Assistance
 - _____ You have applied for or are receiving Fuel Assistance benefits through CAP
 - _____ Verification of injury or illness prohibiting you from work document (proof necessary)
 - _____ You have applied for or are receiving Unemployment Compensation (proof necessary)
 - _____ Photo ID(s) (Adults only)
 - _____ Social Security cards for all household members listed in the application or 1st pg of Income Tax Return.
 - _____ Vehicle registration (all vehicles)
 - _____ Bank Statement(s) for Savings and or Checking account(s) or Liquid Asset Statements
 - _____ Statement of Child Support Payments Received and or Child Support Court Order
 - _____ Statement from Roommate(s) regarding shared rental monthly 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.

If you have questions regarding required documents please call the General Assistance Director at, 603-267-8313.

Application for General Assistance

Belmont, New Hampshire

Office Phone #267-8313 or Office Fax# 267-8314

Date: _____

Phone: _____

Name of Applicant: _____

Name of Other/(Spouse, Friend): _____

Current Address: _____ How Long? _____

Mailing Address if Different (PO Box): _____

Do You Own or Rent? _____ How Long? _____

Previous Address: _____ How Long? _____

Applicants Date Of Birth: _____ Social Security Number of Applicant: _____

Marital Status (Please Circle One) SINGLE MARRIED DIVORCED SEPARATED

For Employment Purposes Only.

Do You Have A High School Diploma or GED? _____

WHAT IS YOUR REQUEST AT THIS TIME:

Please attach requested bills or documentation to this application.

Request: _____ Due Date? _____

Request: _____ Due Date? _____

Request: _____ Due Date? _____

LIST ALL INDIVIDUALS LIVING IN YOUR HOME:

(Spouse, Boyfriend, Roommate, Parents, Children, Friends & How Long)

_____ How Long? _____
Please print

_____ How Long? _____
Please print

_____ How Long? _____
Please print

_____ How Long? _____
Please print

_____ How Long? _____
Please print

_____ How Long? _____
Please print

IF ADDITIONAL SPACE IS NEEDED PLEASE USE THE BACK SIDE OF THIS PAPER

Health Insurance Information:

Do you have health insurance coverage for yourself? Yes _____ (or) No _____

Do you have health insurance coverage for your child or children? Yes _____ (or) No _____

Last Two Years of Work History

(Most Recent Employer First)

APPLICANT:

Employer Name and Address: _____

Type Of Work: _____ Dates of Employment _____ TO _____

Number of Hours Per Week _____ Hourly Wage _____ Take Home Pay _____

Reason For Leaving: _____

Employer Name and Address: _____

Type Of Work: _____ Dates of Employment _____ TO _____

Number of Hours Per Week _____ Hourly Wage _____ Take Home Pay _____

Reason For Leaving: _____

If You Have Additional Employment Please Use The Back Of This Paper

IF YOU ARE UNEMPLOYED, **HOW LONG?** _____

ARE YOU COLLECTING UNEMPLOYMENT? _____ **HAVE YOU APPLIED?** _____

IS THERE ANY *REASON* WHY YOU ARE NOT WORKING, PLEASE EXPLAIN: _____

DO YOU HAVE A DOCTORS NOTE _____

THAT DIRECTS YOU TO BE OUT OF WORK AND FOR **HOW LONG?** _____

OTHER/SPOUSE/ROOMMATE:

Employer Name and Address: _____

Type Of Work: _____ Dates of Employment _____ TO _____

Number of Hours Per Week _____ Hourly Wage _____ Take Home Pay _____

Reason For Leaving: _____

Employer Name and Address: _____

Type Of Work: _____ Dates of Employment _____ TO _____

Number of Hours Per Week _____ Hourly Wage _____ Take Home Pay _____

Reason For Leaving: _____

If You Have Additional Employment Please Use The Back Of This Paper

IF YOU ARE UNEMPLOYED, **HOW LONG?** _____

ARE YOU COLLECTING UNEMPLOYMENT? _____ **HAVE YOU APPLIED?** _____

IS THERE ANY *REASON* WHY YOU ARE NOT WORKING, PLEASE EXPLAIN: _____

DO YOU HAVE A DOCTORS NOTE _____

THAT DIRECTS YOU TO BE OUT OF WORK AND FOR **HOW LONG?** _____

**TOWN OF BELMONT
MUNICIPAL GENERAL ASSISTANCE DEPARTMENT
MEDICAL RELEASE AND REPORT**

APPLICANT NAME/SS#: _____ **DOB:** _____

I hereby request the release by a doctor, hospital or clinic to the Municipal Welfare Department, or its authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

APPLICANT SIGNATURE

DATE

TO THE PHYSICIAN OR CLINIC:

The person named above has indicated that he/she is currently unable to work and is in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Municipality also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? _____

What is the nature and extent of this individual's limitations? _____

Is this person disabled? No Yes (If yes, please clarify below)
 Temporarily Permanently Partially Totally

Date incapacity began: _____ Expected to end: _____

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: _____

Medications Prescribed: _____

Physician Name / Signature

Date

*Thank you for taking the time to complete this form.
Please contact the General Assistance Director if you have any questions, 603-267-8313.
This Document may also be faxed to 603-267-8314*

Applicant Income Verification Check List

APPLICANT

(Check One or Both)

	Yes	No
Savings or Checking Account	_____	_____
Savings Account# & Amount _____		
Checking Account# & Amount _____		

INCOME

	Yes	No	Amount Receiving
Weekly Take Home Pay	_____	_____	_____
Unemployment- How Often	_____	_____	_____
Sub-Contracted Monies	_____	_____	_____
Workmen's Comp - How Often	_____	_____	_____
Military or Pension Monies	_____	_____	_____
Severance Pay or Settlement Money	_____	_____	_____
Rental Property Income	_____	_____	_____
Child Support Received	_____	_____	_____
Money from Relatives or Boarders	_____	_____	_____
Disability Money, SSI, APT or Other	_____	_____	_____
Social Security Money	_____	_____	_____
TANF	_____	_____	_____
Fuel Assistance I CAP	_____	_____	_____
Medicaid	_____	_____	_____
Food Stamps	_____	_____	_____
NH Housing or Housing Assistance	_____	_____	_____
Other:	_____	_____	_____

I hereby affirm that all the information stated in this Income Verification Check List is *true*.

I also understand that False Representation will terminate all assistance and possibly result in court action.

Applicant's Signature _____ **Date** _____

Co-Applicant Income Verification Check List

CO-APPLICANT (Spouse/Friend)

Yes

No

(Check One or Both)

Savings or Checking Account _____

Savings Account# & Amount _____

Checking Account# & Amount _____

INCOME

Yes

No

Amount Receiving

Weekly Take Home Pay _____

Unemployment- How Often _____

Sub-Contracted Monies _____

Workmen's Comp - How Often _____

Military or Pension Monies _____

Severance Pay or Settlement Money _____

Rental Property Income _____

Child Support Received _____

Money from Relatives or Boarders _____

Disability Money, SSI, APT or Other _____

Social Security Money _____

TANF _____

Fuel Assistance I CAP _____

Medicaid _____

Food Stamps _____

NH Housing or Housing Assistance _____

Other: _____

I hereby affirm that all the information stated in this Income Verification Check List is *true*.

I also understand that False Representation will terminate all assistance and possibly result in court action.

Co-Applicant's Signature _____ **Date** _____

Town of Belmont General Assistance Budget Worksheet

Applicant: _____ Date: _____

PLEASE LIST ALL MONTHLY OR WEEKLY EXPENSES

Please Circle One: Mortgage / Rent / Board \$ _____ Month / Week \$ _____

Electricity \$ _____

Food \$ _____ *(The amount spent after Food Stamps)*

Personal's \$ _____ *(Items not covered by Food Stamps)*

Prescriptions \$ _____

Phone \$ _____

Propane \$ _____

Heat / Oil \$ _____ *(The amount spent after CAP)*

Day Care \$ _____ *(The amount after state reimbursement)*

Health Ins \$ _____

Life Ins \$ _____

Child Support \$ _____ Month / Week *(paid out)* \$ _____

Total Expenses \$ _____

Non-Essential Expenses:

Cable TV \$ _____

Car Payment \$ _____

Car Payment \$ _____

Gasoline \$ _____

Rent to Own Furniture \$ _____

Master Card \$ _____

VISA Card \$ _____

Other Charge Cards \$ _____

Other \$ _____

Total Expenses \$ _____

All Expenses Paid Out \$ _____

All Income Received \$ _____ *(Include All: Work or Unemployment, Disability Income, TANF, Child Support)*

Paid Expenses minus All Income = \$ _____ **Monthly** Please circle one (negative) or (positive income)

I hereby affirm that all the information stated in this Budget Work Sheet is *true*. I also understand that *False Representation* will terminate any and all assistance and possibly result in court action.

Applicant's Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Assets Verification

Applicant:

Location of Property owned by the Applicant: _____

Cash On Hand At This Time: _____

List All:

Cars _____ Amount Owed: _____

Trucks _____ Amount Owed: _____

Boats, Snowmobiles, Campers, Etc. _____

I hereby affirm that all the information stated in this Assets Verification Sheet is *true*. I also understand that *False Representation* will terminate any and all assistance and possibly result in court action.

Applicant's Signature _____ Date _____

Co-Applicant:

Location of Property owned by the Applicant: _____

Cash On Hand At This Time: _____

List All:

Cars _____ Amount Owed: _____

Trucks _____ Amount Owed: _____

Boats, Snowmobiles, Campers, Etc. _____

I hereby affirm that all the information stated in this Assets Verification Sheet is *true*. I also understand that *False Representation* will terminate any and all assistance and possibly result in court action.

Co-Applicant's Signature _____ Date _____

**Permission to Release Information to
The Town of Belmont**

I hereby give permission for the release of information to The Town of Belmont Welfare & General Assistance Department, P0 Box 310, Belmont, NH 03220. I am releasing any information necessary to determine my eligibility for Welfare & General Assistance including wages, income, assets, debts, financial obligations, benefit amounts, settlements, past / present employment, and housing information. This information may be released in writing, over the telephone, or in person to the Welfare & General Assistance Department. This permission statement is valid for a maximum of ninety days from the signing of this form.

Applicant's Name (please print)

Applicant's Signature Date

Co-Applicant's Name (please print)

Co-Applicant's Signature Date

I authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order, or any other person or organization having information concerning my eligibility for Welfare & General Assistance to furnish such information to the Welfare & General Assistance Director.

Applicant's Signature Date

Co-Applicant's Signature Date

I also understand I will repay the Town of Belmont for any assistance I am given if I am able to, and that the Town will place a lien on all real estate owned by me pursuant to R5A165:28-a..

Applicant's Signature Date

Co-Applicant's Signature Date

I hereby certify that I have been given; read and fully understand all my responsibilities to each of the above-mentioned signed obligations or authorizations within this application. I understand that any falsification within this application or verbal information may result in denial of further assistance from the Town of Belmont. I may also be subject to penalties for material misrepresentation, and falsification of an unsworn document, which may result in court action.

Applicant's Signature Date

Co-Applicant's Signature Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION — DHHS

I, _____, the undersigned, understand that from time to time,
 Print Your Name
 the local welfare administrator for _____ may require certain information about
 Town/City

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

AUTHORIZATION FOR THE RELEASE OF INFORMATION — DHHS

I, _____, the undersigned, understand that from time to time,
 Print Your Name
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 Town/City

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Signature

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Relationship to You

Witness

Date

LANDLORD RENTAL VERIFICATION FORM

Belmont Welfare & General Assistance Department
PO Box 310 Belmont, NH 03220 603-267-8313

THIS FORM MUST BE COMPLETED BY THE LANDLORD
(You may fax this form back to 603-267-8314)

Tenant's Name: _____ Date: _____

Address: _____

Number of Authorized Adult Household Members: _____ Number of Authorized Children _____

List All Household Members: _____

Type of dwelling: Duplex _____, Multi _____, Room _____, Mobile Home _____, Single Residential Home _____

Age of Rental Unit: _____ Number of Bedrooms: _____ Occupancy date: _____

Is Security Deposit Paid in Full: Yes or No Amount Paid: \$ _____ Date Paid: \$ _____

Rent amount: \$ _____ monthly weekly other _____

If subsidized rent please list tenant portion: \$ _____ Heat: Electric Oil Gas Other _____

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Is The Tenant current with his or her rent, Yes or No Amount Paid: \$ _____ Back rent owed: \$ _____

Is tenant under eviction, Yes or No Date rent was last paid: _____ How Much \$ _____

Is it the landlord's intention to follow through with the eviction if the above account is paid in full?

(Please circle one and initial) YES or NO

List any comments or explanations in the space below if necessary:

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code	Requestor's name and address (optional)
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶