TOWN OF SALISBURY 9 OLD COACH ROAD, P.O. BOX 214 SALISBURY, NH 03268

APPLICATION FOR ASSISTANCE

or Application	Referred by					
General Information	<u>n:</u>					
Name		Date of Birth				
Address						
Phone #	Social Security #	US	Citizen?			
Marital Status	Rent or Own?	How long at this add	dress			
Spouse/Co-Applica	nt Name	Social Security # _				
Spouse Address (if	not the same as the applicants)					
Assistance Request	ed					
Reason for Request						
Have you applied fo	or local assistance before?	When?				
	Where? Under what name?					
		der what name?				
Where? List Below ALL pers Full Name		Date of Birth				
Where?	ons living in your household: Relationship	Date of Birth	Social Security			
List Below ALL pers Full Name	ons living in your household: Relationship	Date of Birth	Social Security			
List Below ALL pers	ons living in your household: Relationship	Date of Birth	Social Security			

2. **Housing Information:**

	Rent amount	per (month	n/week) _	Dat	e last paid	Date	due
	Do you have a current	Notice to Quit Landlord/Tenant Writ			it 🔲		
	Total Rent Owed Do you have a housing subsidy?						
	Utilities Included: Heat	t 🔲 Electri	с 🔲	Gas	Water/Sewe	er Oth	er 🗌
	Landlord's Name			Pł	none number		
	Address						
	IF HOME OWNER: Moi	rtgage amount _		Date last	paid	Owed	
	Bank/Mortgage Compa	any			Address _		
3.	Education/Training/E	mployment					
		Highest Grade		G.E.D or			Military
	Applicant	Attended		Diploma	Special Train	ning or Skills	Service
	Spouse/Co-Applicant:		-				
	Applicant Work Histor	-					
				Position			
	Start date	Date/Ar	nount of	most recent pa	ycheck		
Are you unemployed now? Reason							
	Date last worked		_ Date/Amoui	nt of last check _			
	Are you able to work now? If not able, why not?						
	Current and two most	recent jobs of y	ourself a	and ALL househo	old members	aged 18 and old	er:
				Weekly/	Employmen	t Reason for	
	Name	Employer	Pay	Biweekly	Dates	Leaving	

4. Household Assets:

Provide inform	nation regarding accour	nts held by yo	u and ALL house	hold members:	
		<u>Savings</u>	<u>Savings</u>	Checking	Checking
<u>Name</u>	Banking/Credit Union	-	<u>Balance</u>	Acct. #	<u>Balance</u>
	nt value of any assets he				
	ALL household combine				CD's)
	Mutual Fun				
	Retirement				
	Property other than pri				
	ents Mo				
	olease list)	-			
Taims/Sattlan	nents/Income due to yo	ou or ANV hou	isahald mambar	••	
	Insurance C				,
	employment or Workm				
	ım Payment (explain)				
other Lump 30	mir ayment (explain)				
lave vou or A	NY household member	consulted a la	awver regarding	a possible lawsu	it?
•	e/address			•	
	' household member ha			Who?	
	e/address				
Motor Vehicle	s owned by you and AL	L household n	nembers:		
<u>Owner</u>	Make Mode			<u>Payments</u>	<u>Insurance</u>
			<u> </u>		

5. 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
Aid to the Needy Blind (ANB)				
APTD				
Child Support				
Disability				
Food Stamps				
Fuel Assistance				
Gifts/Loans				
Maternity Benefits				
Medicaid				
Old Age Assistance				
Retirement				
Severance Pay				
Social Security				
S.S. Disability (SSDI)				
Supplemental Security (SSI)				
Temp. Asst. Needy Families				
Unemployment				
Vacation pay				
Veteran's Pension				
Vocational Rehabilitation				
Women/Infant/Children (WIC)				
Other:				
Are you or ANY other househo other agencies?	ld member working, v	olunteering, and	I/or receiving as	sistance from any
<u>Name</u>	Agency Name		Contact Perso	<u>n</u>

6. Household Expenses

	eligibility determination, but al	ll should be liste	d to show your fir	nancial situation.)		
	Bank Fees	Diape	rs	Mortgage		
	Bus/cab	Electri	c	Prescriptions		
	Cable/Internet	Food _		Rent		
	Child Support	Oil/Pro	opane	Rent to Own		
	Car gasoline	Gas bo	ottled	School Loan		
	Car Insurance	Natura	al Gas	Storage		
	Car Payment	Health	Insurance	Telephone		
	Condo Fee	Laund	ry	Other		
	Child Care	Loan _		Other		
	Credit Cards	Lot re	nt	Other		
	List unplanned, emergency or	irregular period	lic expenses durin	ng the past 30 days:		
	Car Inspection	Driver's Licens	e	Medical		
	Car Registration	_ Fines/Court Py	/mnt	Sewer/Water		
	Car Repair	Home/Repairs		Tax (Income/Property		
	Dental	Home/Insuran	ice	Other		
7.	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, wh	10?		When?		
	Town/City & State of convictio	n?		Details of conviction		
	Are you or any members of your household presently on parole? (yes/no)					
	If yes, who?		Court or jurisdiction			
	Name & phone number of pare	ole/probation of	ficer			
8.	Liability for Support Informati	<u>on</u>				
	Please provide the following de	etails:				
	Your Father		Address			
	Your Mother		Address			
	Co-Applicant Father		Address			
	CO-Applicant Mother		Addross			

List actual or estimated regular monthly expenses. (Not all expenses will be allowed to be included in your

9. 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 pursuant to 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 pursuant to RSA 165:20-b.

I understand that if I am assisted the municipality may place a lien against any real property which I own pursuant to 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 Salisbury's Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgement for personal injuries which I receive within six years of receiving municipal assistance pursuant to RSA 165:28-a.

I hereby certify 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 Salisbury 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 me receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification pursuant to RSA 641:3.

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 pursuant to 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 pursuant to RSA 165:1-e.

Applicant Signature	Date	
Spouse/Co-Applicant	Date	
Signature of person completing form (If not Applicant)	 Date	