

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

**APPLICATION FOR ASSISTANCE**

Date of Application \_\_\_\_\_ Referred by \_\_\_\_\_

**1. General Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ US Citizen? \_\_\_\_\_

Marital Status \_\_\_\_\_ Rent or Own? \_\_\_\_\_ How long at this address \_\_\_\_\_

Spouse/Co-Applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse Address (if not the same as the applicants) \_\_\_\_\_

**Assistance Requested** \_\_\_\_\_

Reason for Request \_\_\_\_\_

Have you applied for local assistance before? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Under what name? \_\_\_\_\_

**List Below ALL persons living in your household:**

Full Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Street	Town/City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





**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 household member working, volunteering, and/or receiving assistance from any other agencies?**

<u>Name</u>	<u>Agency Name</u>	<u>Contact Person</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. Household Expenses**

List actual or estimated regular monthly expenses. (Not all expenses will be allowed 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 _____	Oil/Propane _____	Rent to Own _____
Car gasoline _____	Gas bottled _____	School Loan _____
Car Insurance _____	Natural Gas _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Cards _____	Lot rent _____	Other _____

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

Car Inspection _____	Driver's License _____	Medical _____
Car Registration _____	Fines/Court Pymnt. _____	Sewer/Water _____
Car Repair _____	Home/Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Insurance _____	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, who? \_\_\_\_\_ When? \_\_\_\_\_)

Town/City & State of conviction? \_\_\_\_\_ 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 parole/probation officer \_\_\_\_\_

**8. Liability for Support Information**

Please provide the following details:

Your Father \_\_\_\_\_ Address \_\_\_\_\_

Your Mother \_\_\_\_\_ Address \_\_\_\_\_

Co-Applicant Father \_\_\_\_\_ Address \_\_\_\_\_

CO-Applicant Mother \_\_\_\_\_ Address \_\_\_\_\_

**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