

Date: _____ Referred by: _____ Home phone # _____ Cell # _____

What is your emergency need today? _____

Reason for your hardship: _____

Number of people living in your home: ☐ Number over the age of 18: ☐ Number of children: ☐

Your Name _____ Birthplace _____ SSN _____ - _____ - _____ DOB ____/____/____

Address _____ Town _____ Date moved in _____

Your Income Source _____ Monthly Income _____ Date of Next Income _____

401K ☐ YES ☐ NO Pension ☐ YES ☐ NO

Spouse/Co-applicant's Name _____ Relationship _____

Birthplace _____ SSN _____ - _____ - _____ DOB ____/____/____

Spouse/Co-applicant's Income Source _____ Monthly Income _____ Date of Next Income _____

401K ☐ YES ☐ NO Pension ☐ YES ☐ NORENT ☐ Rent you pay _____ per _____ (month/week) Amount owed _____ Next payment due _____

Names on Lease _____

Is your landlord related to you or any person living in your home? ☐ YES ☐ NO

Landlord's name _____ Landlord's telephone # _____

OWN ☐ Please note in accordance with RSA 165:28, the Town of Derry places a welfare lien against any property owned if you are determined eligible for and receive general assistance.Number of mortgages on the property: ☐

First mortgage amount _____ Balance owed _____ Next payment due _____

Second mortgage amount _____ Balance owed _____ Next payment due _____

List all people living in your household:

| Name | Relationship | DOB | Age | Income/Source |
|-------|--------------|-------|-------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Money available to you today _____ Cash on hand and at home _____

Checking account ☐ YES ☐ NO Name of Bank _____ Name on Bank Account _____Saving account ☐ YES ☐ NO Name of Bank _____ Name on Bank Account _____

Please read carefully before signing

I/We understand that:

I/We agree to repay the Town of Derry for any assistance granted pursuant to RSA 165:20; any misrepresentation of information used in determining eligibility would cancel all aid from the Town of Derry; all information supplied by me/us is subject to investigation and verification. Any change in my/our status must be reported to the Human Services Office within 3 days and failure to do so may result in termination of my/our assistance. I/We may request a fair hearing if I am/we are not satisfied with any adverse decision regarding my/our assistance; I/We must appeal within five (5) days after I/we have received your decision. My/our signature(s) below constitute(s) the granting of my/our authority for the Town of Derry to obtain verification and/or proof from all sources having knowledge concerning my/our household's circumstances.

Applicant Signature Date

Spouse/Co-applicant Signature Date

Co-applicant Signature Date

Applicant's Authorization to Furnish Information

I/We authorize any relative, banker, employer, insurance company, landlord, lawyer, mental health professional, mortgage company, physician, or any persons or organizations having information concerning my/our circumstances to furnish such information to the Town of Derry Human Services Department. I/We further authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children, Youth and Families, Division of Adult and Elderly, Catholic Charities, NH Legal Assistance, any City/Town Human Services Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Town of Derry Human Services Department.

Applicant Signature Date

Spouse/Co-applicant Signature Date

Co-applicant Signature Date

Applicant's Release of Information

I/We authorize the Town of Derry Human Services Division to release information to any persons or organizations having information concerning my/our circumstances or to any State or County Division of Health and Human Services, Division of Children, Youth and Family Services, Social Security Administration, Internal Revenue Service, school administration, physician, Fuel Assistance, mental health professional, Division of Adult and Elderly Services, Catholic Charities, NH Legal Assistance, any City/Town Human Services Department or Division, shelter, Department of Employment Security, Salvation Army, Derry Community Fund, food pantries or any Town of Derry divisions connected with the administration of Human Services.

Applicant Signature Date

Spouse/Co-applicant Signature Date

Co-applicant Signature Date

If you need a disability-related accommodation, please notify front desk.

Revised 12/9/13