

FORM A

APPLICATION FOR ASSISTANCE – TOWN OF DERRY, NH

Please fill in all questions. Do not leave any space blank. If something does not apply, write in N/A (Not applicable). Our office must have a fully completed and signed application and all required verifications in order to process your application to determine eligibility for general assistance.

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

Have you applied for local assistance before? ☐ YES ☐ NO

When \_\_\_\_\_ Location \_\_\_\_\_ Name Used \_\_\_\_\_

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

Reason for request \_\_\_\_\_

Military Service ☐ YES ☐ NO (dates served): \_\_\_\_\_ Branch: \_\_\_\_\_

1. **General Information:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_ US Citizen ☐ YES ☐ NO

Address \_\_\_\_\_ RENT ☐ OWN ☐ How long at this address? \_\_\_\_\_

If at your current address for less than 5 years, please list all addresses in the previous 5 years:

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

Home Telephone \_\_\_\_\_ Phone Provider \_\_\_\_\_

Cell Phone \_\_\_\_\_ Phone Provider \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married

Date/Location of marriage/separation/divorce \_\_\_\_\_

Spouse/Co-Applicant Name \_\_\_\_\_ Spouse/Co-Applicant Birth date \_\_\_\_\_

Spouse/Co-Applicant Birthplace \_\_\_\_\_ Spouse/Co-Applicant SS# \_\_\_\_\_

Spouse address (if not same as applicant) \_\_\_\_\_

Do you have any pets? ☐ YES ☐ NO If yes, list how many and type \_\_\_\_\_

Do you have any livestock (farm animals)? ☐ YES ☐ NO If yes, list the number and type:

Does any household member have Medicaid? ☐ YES ☐ NO Who? \_\_\_\_\_

Does any household member have Medicare? ☐ YES ☐ NO Who? \_\_\_\_\_

Does any household member have private health insurance? ☐ YES ☐ NO

Carrier \_\_\_\_\_ Who? \_\_\_\_\_

**List all household members and any additional temporary persons living in your household:**

Full Name	Relationship	Date of Birth	Social Security #	School attending (if child)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2. Shelter Information:**

**RENTER:**

Is your landlord related to you or any other household member? ☐ YES ☐ NO

Rent you pay \_\_\_\_\_ per (month/week) Number of Bedrooms \_\_\_\_\_

Your rent includes: ☐ Heat ☐ Hot Water ☐ Electric ☐ Gas ☐ Water/Sewer ☐ Nothing

You have a: ☐ Lease ☐ Demand for Rent ☐ Notice to Quit ☐ Landlord/Tenant Writ

Date last paid \_\_\_\_\_ Date due \_\_\_\_\_ Total rent owed \_\_\_\_\_

Are you on Housing? ☐ YES ☐ NO Since when \_\_\_\_\_ Housing Authority \_\_\_\_\_

Landlord: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

**HOME-OWNER:**

Mortgage Amount \_\_\_\_\_ Bank/Mortgage Co. \_\_\_\_\_

Months owed \_\_\_\_\_, Amount owed \_\_\_\_\_

### 3. Education / Training / Employment

Highest Grade  
Attended

G.E.D. or  
Diploma

Special Training or Skills

Applicant: \_\_\_\_\_

Spouse/Co-Applicant: \_\_\_\_\_

**Applicant Work History:** Are you working now? ☐ YES ☐ NO

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

When work began \_\_\_\_\_ Date/Amount of most recent check \_\_\_\_\_

Are you unemployed now? ☐ YES ☐ NO Reason \_\_\_\_\_

Date last worked \_\_\_\_\_ Employer \_\_\_\_\_ Date/Amount last check \_\_\_\_\_

Are you signed up and searching for work through unemployment? ☐ YES ☐ NO

Are you able to work now? ☐ YES ☐ NO If not able, reason: \_\_\_\_\_

#### **Co-Applicant Work History:**

Is co-applicant working now? ☐ YES ☐ NO

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

When work began \_\_\_\_\_ Date/Amount of most recent check \_\_\_\_\_

Is co-applicant unemployed now? ☐ YES ☐ NO Reason \_\_\_\_\_

Date last worked \_\_\_\_\_ Employer \_\_\_\_\_ Date/Amount last check \_\_\_\_\_

Are you signed up and searching for work through unemployment? ☐ YES ☐ NO

Are you able to work now? ☐ YES ☐ NO If not able, reason: \_\_\_\_\_

#### **Current and two most recent jobs of you and all household members aged 18 & older:**

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### 4. Household Assets:

**Provide information regarding accounts held by you and all household members:**

Name on Account	Bank/Credit Union	Account #	Type of Account	Balance
_____	_____	_____	<u>Checking</u>	_____
_____	_____	_____	<u>Savings</u>	_____
_____	_____	_____	<u>Certif. of Deposit</u>	_____
_____	_____	_____	<u>Bonds</u>	_____
_____	_____	_____	<u>Mutual Funds</u>	_____
_____	_____	_____	<u>Annuities</u>	_____
_____	_____	_____	<u>Stocks</u>	_____
_____	_____	_____	<u>Trust Fund</u>	_____
_____	_____	_____	<u>Retirement Accts.</u>	_____
_____	_____	_____	<u>Insurance Policies</u>	_____
_____	_____	_____	<u>401k</u>	_____

If you do not have a bank account, please indicate when you last had a bank account and name of the bank. You will need to provide written verification that the bank account is closed: \_\_\_\_\_

**Provide current value of any assets held by you and all household members:**

Cash on hand (all household combined) \_\_\_\_\_ Other Assets (please list) \_\_\_\_\_

Property other than primary residence \_\_\_\_\_ Location \_\_\_\_\_

Motorcycles/Boats/Snowmobiles/ATV's/RV's \_\_\_\_\_

**Claims/settlements/income due to you or any household member:**

Insurance/Settlement Claim \_\_\_\_\_ Retroactive disability check \_\_\_\_\_ IRS refund \_\_\_\_\_

Retroactive Unemployment or Worker's Compensation check \_\_\_\_\_ Inheritance \_\_\_\_\_

**Has any household member hired a lawyer regarding a possible lawsuit?** ☐ YES ☐ NO

**Does any household member have a lawsuit pending?** ☐ YES ☐ NO

Household member \_\_\_\_\_ Reason \_\_\_\_\_

Lawyer Name/Address/Phone \_\_\_\_\_

**List any motor vehicles, boats, snowmobiles, ATV's, and RV's registered at your address:**

<u>Owner</u>	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**If you do not have a vehicle, how did you get here today? What resources do you use for transportation?** \_\_\_\_\_

## 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
Other Agency Assistance	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Church Assistance	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
Electric Assistance	_____	_____	_____	_____
Employment	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans (in the past 30 days)	_____	_____	_____	_____
Housing	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
Money from Family	_____	_____	_____	_____
Money from Friends	_____	_____	_____	_____
Rental Income	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Settlement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSD (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
WIC (Women/Infants/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____

Have you received money, gift cards, or financial resources, from any other source? ☐ YES ☐ NO

If yes, list agency name \_\_\_\_\_ contact person \_\_\_\_\_ phone number \_\_\_\_\_

## 6. Household Expenses

**List actual or estimated regular monthly expenses.** Do not leave any space blank. If not applicable, write DO NOT HAVE. (Not all expenses will be allowable to be included in your eligibility determination, but all are required to show your financial situation.)

Bank Fees _____	Condo Fee _____	Loan _____
Bus/Cab/CART _____	Credit Card _____	Lot Rent _____
Cable/Dish/Satellite _____	Diapers _____	Mortgage _____
Child Support Paid _____	Electric _____	Pets/Livestock _____
Car Gasoline _____	Food _____	Rent _____
Car Insurance _____	Fuel, Oil _____	Rent-To-Own _____
Car Payment _____	Gas, Bottled _____	School Loan _____
Cell Phone _____	Gas, Natural _____	Storage _____
Child Care _____	Internet _____	Telephone _____
Cobra _____	Laundry _____	Other _____

**List unplanned, emergency, or irregular periodic expenses during the past 30 days (receipts required):**

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

## 7. Criminal Information

Has any member of your household ever been convicted of a felony which has not been annulled?

☐ YES ☐ NO If yes, household member: \_\_\_\_\_ Date: \_\_\_\_\_

Town/City & State of conviction \_\_\_\_\_ Details of conviction: \_\_\_\_\_

Is any member of your household presently on parole or probation? ☐ YES ☐ NO \_\_\_\_\_

If yes, household member: \_\_\_\_\_ Court or jurisdiction: \_\_\_\_\_

Name & phone number of parole/probation officer \_\_\_\_\_

Please note: you will need to provide a copy of the probation conditions.

**8. Liability for Support Information**

**Your father** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

☐ Check here if deceased. Please provide date of passing and last residence: \_\_\_\_\_

**Your mother** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

☐ Check here if deceased. Please provide date of passing and last residence: \_\_\_\_\_

**Spouse/Co-applicant father** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

☐ Check here if deceased. Please provide date of passing and last residence: \_\_\_\_\_

**Spouse/Co-applicant mother** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

☐ Check here if deceased. Please provide date of passing and last residence: \_\_\_\_\_

**Does any household member have adult children that do not live in the home?** ☐ YES ☐ NO

If yes, list the names and addresses of your adult children and spouse/co-applicant's adult children:

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**Does any household member have brothers or sisters?** ☐ YES ☐ NO

If yes, list the names and addresses of your brothers/sisters and spouse/co-applicant's brothers/sisters:

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# DERRY HUMAN SERVICES

Please use the space below to describe the circumstances that require you to apply for town assistance at this time. **If you do not have any income, please detail how you have been surviving and indicate any resources you have been utilizing.**

[illegible]



## 10. 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. (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. (RSA 165:20-b).

I understand that if I am assisted the municipality may place a lien against any real property which I own. (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 the 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 judgment for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165-28a)

I hereby certify that 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 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 my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (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. (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. (RSA 165:1-e)

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Applicant Signature	Date
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Signature of person completing this form (if not the applicant)	Date
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Co-Applicant Signature	Date
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Co-Applicant Signature	Date
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Co-Applicant Signature	Date
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### **CERTIFICATION**

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge and belief and provides an accurate summary of my situation, assets, and needs. All information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief.

I understand I may have to provide documents and/or other forms of verification to prove the information asked on the application.

I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a crime. (refer to RSA 64:13,11 (a),(b),(c))

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

### **REIMBURSEMENT AGREEMENT**

I acknowledge that I may be required to repay all assistance provided and that a lien will be placed on any real estate I own, if I return to an income status that enables me to reimburse the Town of Derry without financial hardship.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

**Only complete this section – if you are pending a lawsuit or workmen’s compensation claim.**

I agree that if I have a lawsuit of worker’s compensation claim, now pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency which may be handling this claim on my behalf. I further agree to notify the Human Service Official immediately upon the receipt of any money from such claim or upon the settlement of such claim.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel# \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

**PLEASE READ CAREFULLY**

“A person is guilty of a misdemeanor if with purpose to deceive a public servant in the performance of their official functions he/she makes any written false statement which he does not believe to be true or if he/she knowingly creates a false impression in this written application for pecuniary or other benefits by omitting information necessary to prevent any statement in writing to which he/she knows to be lacking authenticity.”

**RSA 63:1:3. 11 (a) (b) (d) (supp)**

“Any person who intentionally fails to disclose the receipt of property, wages, income or resources or any changes in circumstances that would affect his/her eligibility for assistance...shall be guilty of a class A felony where the value of his monetary award of goods or services exceeds one thousand dollars, a class B felony...where the value exceeds one hundred dollars.”

**RSA 167:17-b IV**

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I/we have read the above statements and fully certify that I/we understand them. Any misrepresentation which effects eligibility or amount of aid I may receive can cancel all aid from the Town of Derry and may result in court action for recovery.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

## APPLICANT/CLIENT RESPONSIBILITIES

At the time of the initial application, and at all times thereafter, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;
2. To notify the welfare official promptly when there is a change in needs, resources, address or household size;
3. To apply for immediately, but no later than 7 days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general assistance. RSA 165: 1-b, I (d);
4. To keep all appointments as scheduled;
5. To provide records and other pertinent information and access to said records and information when requested;
6. To provide a doctor's statement if claiming an inability to work due to medical problems;
7. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search (the number of work search contacts to be determined by the welfare official), to accept employment when offered (except for documented reasons of good cause (RSA 165:1-d), and to maintain such employment. RSA 165:1-6, I (c);
8. Following a determination of eligibility for assistance, to participate in the workfare program (workfare) if physically and mentally able. RSA 165: 1-b, I (b); and
9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section XIII (C).

Any recipient may be denied or terminated from general assistance, in accordance with Section XIII, or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date