

**TOWN OF HAVERHILL
APPLICATION FOR ASSISTANCE
APPLICATION FOR ASSISTANCE UNDER RSA:165**

Date of Application _____ Referred by _____
Taken by _____

The Welfare Administrator has explained to me that, as an applicant for assistance, I have the right to review the Town of Haverhill's written "Policy and Guidelines for General Assistance", which shall be provided to me if I so request. _____ (Applicant's initials)

(Print or Type clearly)

1. General Information:

Name _____ Soc. Sec# _____

Address _____

Telephone _____ Date of Birth _____

Marital Status __ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Spouse/Estranged/or Ex-Spouse Name or Co-applicant _____

Address of Above (if not same as applicant) _____

Soc.Sec# of the above _____ DOB _____ Age _____

Date & Place of Marriage/Separation/Divorce _____

Last full year of school completed _____ GED _____ Yes _____ NO

Number in Household _____

List below all persons living in your household:

Full Name	Relationship to applicant	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Assistance

Needed _____

Anticipated Duration of Assistance _____

EMPLOYMENT INFORMATION

Currently Employed? _____ YES _____ NO

Employer's Name, Address, Phone

Weekly Net Pay\$ _____ Date of Employment From _____ To _____

Work Record of Applicant for the Past Year:

Employer	Date of Employment	Wages	Reason	Term.

Work Record of Spouse (Or Other Household Adults) for past year.

Employer	Date of Employment	Wages	Reason	Term.

Service Record:

Branch _____ **Dates Served** _____

Veteran _____ **Benefits** _____

List of addresses for the past year:

Street _____ **Town** _____ **State** _____ **From** _____ **To** _____

HAVE YOU EVER RECEIVED WELFARE ASSISTANCE BEFORE?

_____ **Yes** _____ **NO**

Date of Assistance _____ Source _____

Check Current Benefits Received: _____ Work Comp _____ VA _____ SSI
_____ Medical _____ OAA _____ UC _____ Soc Sec _____ APTD _____ Food Stamps
_____ WIC _____ AFDC _____ Section 8 _____ Disability Ins. _____ Other

WEEKLY INCOME (Include ALL Household members):

Applicant Member Member Member

WAGES(net taxes)

FOOD STAMPS

PUBLIC ASSISTANCE

CHILD SUPPORT

SOCIAL SECURITY

PENSIONS

UNEMPLOYMENT/WORKERS COMP

INSURANCE

OTHER

TOTALS \$ _____ \$ _____ \$ _____ \$ _____

WEEKLY EXPENSES (include ALL household members):

Applicant Member Member Member

Rent/Mortgage

Food

Utilities

Medical Bills

Loan Payments

Other

TOTALS \$ _____ \$ _____ \$ _____ \$ _____

RESOURCES OF HOUSEHOLD (Include All Household Members)

Amount

Location

CASH _____

SAVINGS CHECKING STOCKS/BONDS _____

PENSION _____

DO YOU OWN PROPERTY(i.e. mobile home, house, etc.)? _____yes _____no

IF YES, List address and/or location _____

DO YOU OWN A VEHICLE? _____yes _____no

If YES, make and year _____ payment amt. _____

Current amt. owed _____

Outstanding Bills _____

RENTAL INFORMATION

Name of Landlord and Address _____

Amount of Rent _____ Date Due _____ Last Paid Date _____

Rent Paid Wkly or Mthly _____ Rent incl. _____ heat _____ Elect _____ Water

How long have you lived at this address _____

Have you sold or assigned any real estate or personal property within the last 3 years, or
Has any household member done so? Supply details.

State why you believe you are unable to support yourself.

IN ACCORDANCE WITH RSA 165:19 PROVIDE THE FOLLOWING INFORMATION:

Applicant's Father _____ Employer _____
Address: _____

Applicant's Mother _____ Employer _____
Address: _____

Spouse's Father _____ Employer _____
Address: _____

Spouse's Mother _____ Employer _____
Address: _____

IF YOU ARE GRANTED GENERAL ASSISTANCE FROM THE TOWN OF HAVERHILL YOUR RECEIPT OF CONTINUED ASSISTANCE MAY REQUIRE THE FOLLOWING:

- A. You are required to search for employment and to accept employment when offered to you. You are required to submit written proof to the administrator signed by the employer that you sought employment.
- B. You are required to apply to all available governmental agencies for financial assistance.

If you are unable to meet these requirements you should notify the welfare administrator to discuss other options. Your willful failure to comply with required conditions will result in your suspension and/or disqualification for assistance from Haverhill.

AI have read and fully understand the above conditions.

Applicant's Signature

Reimbursement Agreement

I agree to reimburse the Town of Haverhill for welfare assistance, at some future date, if I return to a financial position enabling me to reimburse the Town without financial hardship. Such reimbursement of these expenses will be through a program of repayment per RSA 165:20b

Applicant's Signature

Co-applicant's Signature

If you have a lawsuit, Worker's Compensation claim, or aid from any other social service agency now pending disposition, please list the name, address and phone number of your attorney, insurance company or any other agency which may be handling this claim on your behalf.

NAME: _____ Telephone _____

ADDRESS: _____

RELEASE OF INFORMATION

I _____ of the Town of Haverhill in this County of Grafton, Being an applicant for assistance, do hereby authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order, or any other person or organization having information concerning my circumstances to furnish such information to the Welfare Director.

Applicant's Signature

Co-applicant's Signature

MISREPRESENTATION

I UNDERSTAND THAT ANY MISREPRESENTATION GIVEN ON THIS APPLICATION WOULD CANCEL ALL AID FROM THE TOWN OF HAVERHILL AND MAY RESULT IN COURT ACTION FOR RECOVERY. I ALSO UNDERSTAND IF I AM DISSATISFIED WITH THE ACTION TAKEN ON THIS APPLICATION, I HAVE THE RIGHT TO REQUEST A HEARING.

Applicant's Signature

Co-applicant's Signature

