



TOWN OF HAVERHILL *New Hampshire*

Town of Haverhill

Application for Public Assistance

- You must fill out the Application for Public Assistance completely and submit it to the Town Public Assistance Office. There is a Drop Box located outside the Public Assistance Office Door.
- You must provide ALL the required applicable documentation shown in the list on pages 2 & 7.
- If you do not provide the required documents your application will be considered incomplete, and a decision may be made to deny assistance.
- Read the Requirements for General Public Assistance, as well as the Public Assistance Guidelines carefully, as compliance with all stipulations is necessary to be considered for assistance.

Please call the Public Assistance Clerk at (603) 787-6514 if you have any questions or need assistance completing the application.

Office Hours for Appointments

Tuesdays 8 am to 12 pm

Wednesdays 12 pm to 4 pm

**Office Hours are subject to change. Any changes will be posted on the Town of Haverhill Website, as well as on the Public Assistance Office Door*

Requirements for General Public Assistance

For the Town of Haverhill Public Assistance Office to accept your Application and make a determination regarding your case, you (applicant and co-applicant, if any) MUST:

1. Sign and date the Requirements for General Assistance below.
2. Date and sign Required Verifications for a complete application.
3. Sign and date the Notice of Rights & Responsibilities for Applicants/Recipients of General Assistance.
4. Complete, sign and date this Application for Assistance.
5. Sign and date the Authorization to Release Information.
6. You must provide proof of your identity.
7. You must provide proof of residency (Haverhill or last Town of residence, if homeless)
8. If you are unemployed and able to work, you must register with the local Employment Security Office within seven (7) calendar days of the date of this Application.
9. If you are unemployed and able to work, you must complete, and submit, one (1) Job Search Form for every week you are eligible for assistance.
10. If you are homeless, you must complete and submit, one (1) Apartment Search Form for every week you are eligible for assistance.
11. If you are disabled and unable to work, you must provide a signed and dated Medical Release & Report form or an acceptable statement from a licensed physician, within seven (7) calendar days of the date of this Application.
12. You must apply for all the following for which you may be eligible within seven (7) calendar days of the date of this Application, and/or provide documentation that you have applied:

<i>Fuel Assistance (CAP)</i>	<i>Medicaid (DHHS) APTD</i>	<i>Food Stamps (DHHS)</i>
<i>TANF (DHHS)</i>	<i>(DHHS) Veterans</i>	<i>Social Security Disability</i>
<i>Workers' Compensation</i>	<i>Administration</i>	<i>Unemployment - Employment Security Office</i>
13. You must provide all other documents shown in Required Verifications for a completed application or a written explanation if you cannot provide a document(s); sign and date the page
14. You must keep scheduled appointment(s) with the Town Public Assistance Office and any agency(ies) to which you apply for assistance
15. You must sign and return the Liability for Support and Recover of Expense acknowledgment
16. You must read the Town of Haverhill's Public Assistance Guidelines
17. You must provide 3 months of bank statements
18. You must provide electronic banking statements or transaction reports, to include Venmo, Pay Pal, Zelle, Apple Pay, Facebook Pay for the last three months. You must also furnish all statements for pre-paid debit cards such as Chime, Green dot, Net spend & Walmart prepaid card for the last three months.
19. You must fully complete this application and hand sign each page that requires a signature
I understand that failure to comply with the requirements listed above may result in a denial of assistance.

NOTICE OF RIGHTS & RESPONSIBILITIES FOR APPLICANTS

You have the following RIGHTS:

1. You have the right to apply for General Public Assistance.
2. You have the right to receive a prompt written decision telling you whether you will receive assistance each time you apply for assistance.
3. You have the right to see the guidelines used by the Public Assistance Clerk in making decisions related to your application.
4. You have the right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
5. You have the right to appeal any decision you do not agree with.
6. You must appeal in writing within five (5) working days after you receive your decision.
7. If you appeal in a timely manner, you have the right to a hearing to present your case.
8. You have the right to have your assistance continue, if you are already receiving assistance, until your hearing.
9. You have the right to review the information in your file before your hearing.

At the time of initial application, and always thereafter, you have the following RESPONSIBILITIES:

1. To provide accurate, complete, and current information concerning needs, and resources.
2. To provide the whereabouts and circumstances of relatives who may be responsible according to state law.
3. To notify the public assistance clerk within three (3) working days when there is a change in needs, resources, address, or household size.
4. To apply immediately for, but no later than seven (7) days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general public assistance.
5. To keep all appointments as scheduled.
6. To provide records and access to said records and information when requested.
7. To seek alternate living arrangements if you are unable to afford your current arrangement.
8. To diligently search for employment and provide verification of work search.
9. To seek, accept, and maintain employment that can support your basic needs.
10. To reimburse assistance granted, once employed and such reimbursement can be made without financial hardship.
11. To accept that you may be denied, suspended from, or terminated from assistance, if you fail to fulfill any of these responsibilities.
12. To accept that you may be denied or terminated from general assistance in accordance with the law, or you may be prosecuted for a criminal offense, if you, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtain or attempt to obtain any assistance to which you may not be eligible.

Applicant Signature & Date

Spouse/Co-Applicant Signature & Date

NOTICE OF ADDITIONAL RIGHTS FOR APPLICANTS

You have the following rights:

1. You have a right to make a written application for assistance, even if the Public Assistance Clerk tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
5. You have a right to have a fair hearing to present your case but you must request this
6. You have a right have your assistance continued if you are already receiving assistance when you request a fair hearing.
7. You have a right to review the information in your file before your hearing.
8. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
9. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
10. You have a right to refuse to participate in municipal workfare program if you must care for a child under the age of five (5), or to conduct a job search if you must care for a child under the age of one year (1), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

Applicant Signature & Date

Spouse/Co-Applicant Signature & Date

TOWNOFHAVERHILL
PUBLIC ASSISTANCE GUIDELINES

I/We, _____, have read and understand the Town of Haverhill's Public Assistance Guidelines. We understand that if we have questions related to the guidelines or the application, we can contact the Public Assistance Clerk during open business hours. I/We understand the Public Assistance Clerk will use these guidelines to make a determination on my/our submitted application for assistance

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Certifications and Signatures

I understand that if I am assisted, the Town may place a lien against any real property that I own. (RSA 165:28)

I understand that the Public Assistance Office may notify my mother, father, stepmother, stepfather, adult son, adult daughter, husband or wife either verbally or in writing to request that he/she assist you if their weekly income is more than sufficient to provide for your reasonable subsistence compatible with decency and health. Such request will be made prior to approving assistance. However, if it is not practicable to give prior notice and obtain a response before making a decision in your case, then written notice with a request for reimbursement may be sent to the liable relative(s) after the decision has been made and the funds spent. (RSA 165:19 and 20)

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 Public Assistance Clerk immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the Town may place a lien against any property settlement or civil judgment for personal injuries (except any workers compensation settlement) which I receive within six (6) years of receiving Town assistance. (RSA 165:28-a)

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 that I am 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 Public Assistance Clerk 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 have a job or if I get a job after I am assisted by the Town, and I later quit the job without good cause, I may not be eligible for local assistance from the Town of Haverhill and any other New Hampshire municipality for a period of up to ninety (90) days. (RSA 641:1-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 Town Public Assistance Office may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

Applicant Signature & Date

Spouse/Co-Applicant Signature & Date

Town of Haverhill REQUIRED

VERIFICATIONS

Applicant Name: _____

Co-Applicant Name: _____

Social Security Number: _____

Social Security Number: _____

Address: _____

Address: _____

Date: _____

Date: _____

D.O.B.: _____

D.O.B.: _____

Phone: _____

Phone: _____

You must provide the following verification/documentation at the time of your appointment or assistance may be delayed or denied:

_____ Completed Application Form

_____ Rental Verification Form

_____ Last four weeks pay-stubs or other proof of net wages

_____ Copy of latest IRS Income Tax Return

_____ Employment verification form from your employer

_____ Proof of Residency

_____ You have applied for / are receiving Social Security benefits*

_____ Proof that you have applied at the DHHS District Office (603-444-6786) for:

Emergency Food Stamps

Food Stamps

TANF

APTD/MA

TANF Emergency Assistance

OAA

_____ you have applied for / are receiving Fuel Assistance benefits*

_____ Medical Release Report Form if you are unable to work because of illness/disability *

_____ You have applied for / are receiving Unemployment Compensation*

_____ Proof of Identification / Picture ID (adults); Birth certificate/SS card (adults & minors)

_____ Vehicle registration

_____ Savings and checking account for the last 3 months to include pre-paid debit cards & electronic banking (Venmo, Zelle, Cash App, etc) If none, receipts or proof of expenditures

_____ Statement child support payments received / Child support court order*

Other: Signed Release of Information Authorization

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Applicant Signature

Spouse/Co-Applicant Signature

* If applicable

TOWN OF HAVERHILL
APPLICATION FOR PUBLIC
ASSISTANCE

2975 Dartmouth College Highway
Haverhill, NH 03774

603-787-6514

publicassistance@haverhill-nh.com

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

Marital Status _____ Rent or Own? _____ How long at this address? _____

Co-Applicant Name _____ SS# _____

Address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

Amount? _____

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 past 12 month's addresses:

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

2. Housing Information:

Rent amount: _____ Date last paid: _____ Date due _____

Do you have a current: Demand for Rent Notice to Quit Landlord/Tenant Writ

Total rent owed _____ Do you have a housing subsidy? _____

Utilities Included: Heat Electric Gas Water/Sewer Other

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____

3. Education / Training / Employment

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
Applicant:	_____	_____	_____	_____
Spouse/Co-Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

Date work began _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____ Date/Amount last check _____

Are you able to work now? _____ If not able, why not? _____

Are you employed now? _____ Employer _____ Position _____

Date work began _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____ Date/Amount last check _____

Are you able to work now? _____ If not able, why not? _____

Current and two most recent jobs of yourself and all household members aged 18 & older:

Name	Employer	Pay	Frequency	Dates	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Household Assets:

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

Name	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____

Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____

Trust Funds _____ Retirement Accounts _____ Insurance Policies (cash value) _____

401k _____ Property other than primary residence _____ Location _____

Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____

Other Assets (please list) _____

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

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____

Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____

Other Lump Sum Payment (explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit?

Lawyer Name/Address _____

Reason _____

Do you or any household member have a lawsuit pending? _____ Who? _____

Please give details _____

Lawyer Name/Address _____

Motor vehicles owned by you and all household members:

Owner	Auto Make	Model	Year	Value	Payments	Insurance
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. Household Income

Indicate any benefits or income received or applied for by you or any household member:

	Name	Date Applied	Date Last Received	Frequency
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance) Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Cash Assistance	_____	_____	_____	_____
Veteran's Pension Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other:	_____	_____	_____	_____

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

Name	Agency Name	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Household Expenses

List actual or estimated regular monthly expenses and furnish documentation of expenditures (Not all expenses will be allowable 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 Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

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

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

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 member of your household presently on parole or probation?

(yes/no) _____ If yes, who? _____

Court or jurisdiction? _____

Name & phone number of parole/probation officer _____

8. Liability for Support Information

Please provide following details:

Your father _____ Address _____

Your mother _____ Address _____

Co-applicant father _____ Address _____

Co-applicant mother _____ Address _____

Your or co-applicant's adult children _____

9. Certifications and Signatures

I understand that if I receive assistance from the municipality I may be required to participate in the 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)

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form (if not applicant)

Date

**TOWN OF HAVERHILL
AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS**

I, _____, the undersigned, understand that from time to time,
Print Your Name
 the local public assistance clerk for Haverhill, NH Town/City may require certain information about

assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Bureau of Family Assistance (BFA). When information cannot be provided by me personally, I hereby authorize BFA to release the following information to the local public assistance clerk for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of BFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local public assistance case including verification of information provided by me for determining eligibility for local public assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local public assistance clerk makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called "deeming"
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

I understand that I have the option to provide any or all of the requested information myself.

I understand that any use of the above information inconsistent with these purposes is forbidden.

I understand that the local Public Assistance Clerk may not release information provided under this authorization to any other person without my written permission.

This authorization shall expire 180 days from the date it is signed.

Signature

Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with BFA must be provided upon BFA request.

Relationship to You

Witness

Date

TOWN OF HAVERHILL

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION
Form B

I/We, _____, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Local Public Assistance Clerk for the Town of Haverhill I/ We also 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, New Hampshire Legal Assistance, any City/Town Public Assistance Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to Local Public Assistance Clerk for the Town of Haverhill.

Applicant Signature _____ Date

Spouse or Co-applicant Signature _____ Date

Signature of person completing form (if not applicant); Relationship to applicant

Public Assistance Clerk Signature _____ Date

LIABILITY FOR SUPPORT AND RECOVERY OF
EXPENSE ACKNOWLEDGEMENT

RSA 165:19 Liability for Support – The relation of any poor person in the line of father, mother stepfather, stepmother, son daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health.

RSA 165:20 Recovery of Expense – If a town spends any sum for the support, return to his home, or burial of an assisted person having relations able to support him under Section 19 of this chapter, such sum may be recovered from the relation so chargeable.

*I have read RSA 165:19 and RSA 165:20 above and understand that I am liable to assist now or that The Town of Haverhill can bill me and recover assistance given to:

Applicant Signature

Spouse/Co-Applicant
Signature

Relative Signature

Relative Signature

Date: _____

Date: _____

TOWN OF HAVERHILL
EMPLOYMENT VERIFICATION
FORM I

THIS FORM MUST BE COMPLETED BY THE EMPLOYER

To Employer _____ Date _____

Address _____

Phone _____

For the purpose of administration of public assistance, the following information is required for:

[name of employee]

Date of Hire _____ Date starting/started work _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid weekly biweekly other _____ Date
of first/most recent paycheck _____ Net amount _____

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/amount of last paycheck _____

Reason for termination/separation _____

Signature and Title of immediate supervisor or person completing form

Date

TOWN OF HAVERHILL MEDICAL
RELEASE AND REPORT
Form H

APPLICANT or CO-APPLICANT NAME/SS#: _____ DOB: _____

I hereby request the release by a doctor, hospital or clinic to the Local Public Assistance Clerk for the Town of Haverhill, or its authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

APPLICANT or CO-APPLICANT SIGNATURE

DATE

TO THE PHYSICIAN OR CLINIC:

The person named above has indicated that he/she is currently unable to work and is in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Municipality also may require public assistance recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? _____

What is the nature and extent of this individual's limitations? _____

Is this person disabled? No Yes (If yes, please clarify below)
 Temporarily Permanently Partially Totally

Date incapacity began: _____ Expected to end: _____

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: _____

Medications Prescribed: _____

Physician Name / Signature

Date

Thank you for taking the time to complete this form. Please contact the Town of Haverhill at (603) 787-6514 if you have any questions.

TOWN OF HAVERHILL

RENTAL VERIFICATION

Form J

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Tenant's Name: _____ Date: _____

Address: _____
(Number/Street) (Apt. #) (City) (State)

Number of Household Members: _____ List of Household Members: _____

Occupancy date: _____ Security Deposit: Amount: \$ _____ Date paid: _____

Rent amount: \$ _____ paid monthly weekly other _____

If subsidized rent, please list tenant portion: \$ _____ # of Bedrooms: _____

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other _____

Date last rent was paid: _____ Amount Paid: \$ _____ Back rent owed: \$ _____

(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ OR Social Security #: _____

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

Landlord's Name Telephone / Fax Numbers

Landlord Address

Name of Manager or other Representative

Landlord Signature Date

FORM N
TOWN OF HAVERHILL PUBLIC ASSISTANCE OFFICE
EMPLOYMENT SEARCH RECORD

NAME: ----- Week Ending Date _____

*Use this form to list each employer you contact and the results.
In order to remain eligible for assistance, you are required to do a job search of at least 5 contacts each week. If an employer/employer's representative will not sign this form, you may write "refused" in the space.*

DATE	EMPLOYER NAME	PHONE NUMBER	JOB OR TYPE OF WORK	TYPE OF CONTACT Visit/ Phone/Mail/ Resume/ Interview	PERSON CONTACTED	TIME OF DAY	RESULTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

List any other activities you did this week to find employment.

I certify all information provided on this form regarding my work search efforts is true and accurate. I understand that there are penalties for willfully providing false information.

Signature _____ Date _____

FORM M
TOWN OF HAVERHILL PUBLIC ASSISTANCE
OFFICE RENTAL SEARCH RECORD

NAME: ----- Week Ending Date _____

Use this form to list each rental property owner you contact and the results.

In order to remain eligible for assistance, you are required to do a rental search of at least 5 contacts each week. If a rental property owner or their representative will not sign this form, you may write "refused" in the space.

DATE	RENTAL PROPERTY OWNER NAME	PHONE NUMBER	RENTAL UNIT ADDRESS	RESULTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

List any other activities you did this week to find a rental unit.

I certify all information provided on this form regarding my rental search efforts is true and accurate. I understand that there are penalties for willfully providing false information.

Signature _____

Date _____

