Town of Bethlehem

Office of Direct Assistance PO Box 189 Bethlehem, NH 03574 603-869-3351 ext. 103

APPLICATION FOR ASSISTANCE

ate of Application	Refe	rred by	
1. General Informa	<u>ition</u>		
Name		Date of Birt	h
Mailing Address			
Physical Address			
Email Address			
			US Citizen?
Marital Status	Rent or Own?	How long at t	his address?
Spouse/Co-Applicant Na	ame	SS#	
Spouse address (if not s	same as applicant)		
Assistance Requested	(please check all that apply)		
Rent Heat _	Electric Other:		
Reason for request			
Have you applied for loc	al assistance before?	When?	
Where?	Under	what name?	
List below all persons	living in your household:		
Full Name	Relationship	Date of Birth	•
,	 :	 -	

		wn/City		ate	Dates of Residence
2. <u>Housing Info</u>					
Rent amount:	per (n	nonth/week)	Date last paid:	Da	te due:
Do you have a curre	ent: Demand	d For Rent	☐ Notice to Qu	it 🗌 Landlord/	Tenant Writ
Total rent owed		Do y	ou have a housir	ng subsidy?	
Utilities Included:	☐ Heat ☐ Elect	tric 🗌 Gas	☐ Water/Sewe	er 🗌 Other	
LANDLORD: Name	e			Telephone	
Address				•	
					Owed
Bank/Mortgage Co			Addr	ess	
Employment					
Applicant Work Hi	istory:				
• •	-	Employer _		Pos	sition
Applicant Work Hi	now?		/Amount of most		sition
Applicant Work Hi Are you employed r When began work	now?	Date	/Amount of most	recent check	sition
Applicant Work Hi Are you employed r When began work Are you unemploye	now?ed now?	Date	/Amount of most	recent check	
Applicant Work Hi Are you employed r When began work Are you unemploye Date last worked	now?ed now?En	Date Reas	/Amount of most	recent check Date/Amount	
Applicant Work Hi Are you employed r When began work Are you unemploye Date last worked Are you able to work	now?ed now?En	Date Reas nployer If not ab	/Amount of most	recent check	last check
Applicant Work Hi Are you employed r When began work Are you unemploye Date last worked	now?ed now?En	Date Reas nployer If not ab	/Amount of most	recent check	last check
Applicant Work Hi Are you employed r When began work Are you unemploye Date last worked Are you able to work	now?ed now?En	Date Reas nployer If not ab	/Amount of most son	recent check Date/Amount mbers aged 18 &	last check
Applicant Work Hi Are you employed r When began work Are you unemploye Date last worked _ Are you able to wor Current and two m Name	ed now?En rk now? most recent jobs of Employer	Date Reas nployer If not ab of you and al	/Amount of most son ble, why not? Il household me Weekly/ Biweekly	mbers aged 18 & Employment Dates	older:
Applicant Work Hi Are you employed r When began work Are you unemploye Date last worked Are you able to wor Current and two m Name	now?ed now?En rk now? nost recent jobs of Employer	Date Reas nployer If not ab of you and al	/Amount of most son le, why not? Il household me	mbers aged 18 & Employment Dates	older: Reason for Leaving

4. Household Assets

Provide informat	ion regarding acc		• •	_		011.1
<u>Name</u>	Bank/Credit Uni	_	Savings Acct. #	<u>Savings</u> <u>Balance</u>	Checking Acct. #	<u>Checking</u> <u>Balance</u>
	value of any asse					
Cash on hand (all	household combin	ned)		Certificate	es of Deposit (C	D's)
Savings Bonds	Μι	utual Funds	s	Annuities	S	Stocks
Trust Funds	Retireme	ent Account	ts	Insuranc	e Policies (cash	value)
401k Proj	perty other than pri	imary resid	ence		Location	
Other Investments	S	Mo	torcycles/Bo	oats/Snowmobile	es/ATV's/RV's _	
Other Assets (plea	ase list)					
	ase list)					
Claims/settlemer	nts/income due to	you or an	ny househo	ld member:		eck
Claims/settlemer	nts/income due to	you or an	ny househo	Id member:	ive disability che	
Claims/settlemer IRS Refund Retroactive Unem	nts/income due to	o you or an nce Claim _ er's Compe	ny househo	Id member: Retroact	ive disability che	eck heritance
Claims/settlemer IRS Refund Retroactive Unem Other Lump Sum	nts/income due to Insuran ployment or Worke Payment (explain)	you or an nce Claim _ er's Compe	ny househo	ld member: Retroact	ive disability che	eck nheritance
Claims/settlemer IRS Refund Retroactive Unem Other Lump Sum Have you or any	Insurant Ins	o you or an nce Claim _ er's Compe	ensation che	Id member: Retroact eck er regarding a p	ive disability che	eck heritance t?
Claims/settlemer IRS Refund Retroactive Unem Other Lump Sum Have you or any Lawyer Name/Add	nts/income due to Insuran ployment or Worke Payment (explain)	o you or an nce Claim _ er's Compe	ensation che	Id member: Retroact eck er regarding a p	ive disability che	eck heritance t?
Claims/settlemer IRS Refund Retroactive Unem Other Lump Sum Have you or any Lawyer Name/Add	nts/income due to Insuran ployment or Worke Payment (explain) household memb	o you or an	ensation che	ld member: Retroacteck eck er regarding a p	ive disability che	eck nheritance t?
Claims/settlemer IRS Refund Retroactive Unem Other Lump Sum Have you or any Lawyer Name/Add Reason	Insurant Ins	o you or an nce Claim _ er's Compe per consul r have a la	ensation che ted a lawye	Id member: Retroacteck er regarding a p	ive disability che ossible lawsuit	eck heritance t?
Claims/settlemer IRS Refund Retroactive Unem Other Lump Sum Have you or any Lawyer Name/Add Reason Do you or any ho	nts/income due to Insuran iployment or Worke Payment (explain) household memb dress ousehold member	o you or and note Claim _ er's Competer's Competer consul	ensation che	Ild member: Retroact eck er regarding a p	ive disability che	eck nheritance t?
Claims/settlemer IRS Refund Retroactive Unem Other Lump Sum Have you or any Lawyer Name/Add Reason Do you or any ho Please give detail: Lawyer Name/Add	Insurant Ins	o you or an	ensation che	Id member: Retroact eck er regarding a p	ive disability che	eck nheritance t?

5. Household Income

Indicate any benefits or in	ncome rece	Pived or applied for Name	r by you or any Date Applied	household membe Date Last Received	r: Monthly Amount
ANB (Aid to the Needy B	lind)		- тррпоч		, anount
APTD	,				
Child Support					
Disability (Employer)					
Food Stamps					
Fuel Assistance					
Gifts/Loans					
Maternity Benefits					
Medicaid					
OAA (Old Age Assistance	e)				
Retirement					
Severance Pay					
Social Security					
SSDI (SS Disability)				_	
SSI (Supplemental Secur	rity)				
TANF					
Unemployment					
Vacation Pay					
Veteran's Pension					
Vocational Rehabilitation					
WIC(Women/Infants/Chile	dren)				
Workers' Compensation					_
Other: []				
Are you or any other ho agencies?	ousehold m	ember working, volu	unteering, and	or receiving assis	stance from any other
<u>Name</u>		Agency Name		Conta	ct Person

6. Household Expenses

7.

8.

List actual or estimated regular monthly expenses. (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
Transportation	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, emergence	y or irregular periodic expense	es during the past 30 days:
Car Inspection	Drivers License	Medical
Car registration	Fines/Court Payments_	Sewer/Water
Car repair	Home Reparis	Tax (Income/Property)
Dental	Home/Rent Insurance _	Other
Criminal Information		
Have you or any member of	f your household ever been convi	cted of a felony which has not been annulled? (yes/no)li
yes, who?	When?	
Town/City & State of convic	tion	_ Details of conviction:
Are you or any member of y	our household presently on paro	le or probation? (yes/no)
If yes, who?	Court or j	urisdiction?
Name & phone number of p	arole/probation officer	
Liability for Support In	<u>formation</u>	
Please provide following de	tails:	
Your father	Addr	ess
Your mother	Addr	ess
Co-applicant father	Addr	ess
Co-applicant mother	Addr	ess
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 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, workers' 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 165:28-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 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 and/or Theft By Deception. RSA 637:4, :11.

I understand that any relative in the line of father, mother, step-father, step-mother, son, daughter, husband, or wife may be called upon to provide my needed assistance if they can do so without financial hardship to them. RSA 165:19.

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 Bethlehem Office of Direct Assistance

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We,	, authorize any relative, physician, lawyer, ban			
employer, insurance company, mental healt	th professional, school official or other person or organiza			
having information concerning my/our circumstances to furnish such information to the Mu				
Department. I/We also authorize the Internal Revenue Service, Social Security Administration County Division of Health and Human Services, Division of Children Youth and Families, Division of Children Youth and Children Youth Annual Children Youth Annua				
				and Elderly, New Hampshire Legal Assistance
Employment Security, Veteran's Administrat	tion and Fuel Assistance, or any non-profit agency to rele			
information from their files to the Municipal W	Velfare Department.			
Applicant SignatureDate				
Spouse or Co-applicant Signature	 Date			
nature of person completing form (if not applicar	nt); Relationship to applicant			
Date				