TOWN OF CHESTER

APPLICATION FOR LOCAL WELFARE ASSISTANCE

General Information For Applicant

It shall be the right of any individual regardless of race, age, sex, religious or political affiliation to make application for local welfare assistance. All application forms and related material become the property of the Town of Chester and shall be considered confidential. Each application will be reviewed individually with the applicant or his representative before a determination of eligibility is made. Should the applicant be aggrieved by the ultimate determination of eligibility, the applicant/recipient shall be entitled to a fair hearing within seven (7) days of request.

Each applicant has the responsibility, at the time of application and continuing thereafter to:

1. Provide accurate, complete and current information concerning needs and resource
2. Notify the welfare office of changes in needs, resources or circumstances within 72 hours.
3. Apply for and utilize any benefits or resources that will reduce or eliminate the need for local welfare assistance.

IT IS UNLAWFUL for any applicant or recipient to knowingly make a false representation verbally, in writing, or by omission, as to his circumstances. Anyone who does so may be subject to criminal prosecution for such actions.

Upon application for Town assistance, applicants are required to provide the following:

1. Complete application in its entirety. Incomplete application will result in the delay of a decision on the requested assistance.
2. Submit verification of rent, electric, and any other expenses listed.
3. Applicants will be required to actively seek assistance from all other government programs or human service agencies.
4. Applicants who receive assistance are required to register with the Department of Employment Security within seven (7) days of application unless medical reasons prohibit (documentation from a doctor must be submitted.)
5. Failure to comply with the above requirements and/or requests of the welfare agent may result in automatic denial of assistance.
6. Any falsification of information may subject the applicant to criminal prosecution.

The Town has 72 hours to act on a completed application unless an immediate need exists that is a threat to the applicant's health.

All applicants are entitled to view a copy of the Town of Chester Welfare Rules and Regulations.
All applicants who are denied assistance are entitled to a fair hearing if the denial is appealed.

The Town has the right to file a lien against any real estate owned, or purchased within six years, by a recipient of local welfare assistance.

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EXAMPLES OF ACCEPTABLE DOCUMENTATION FOR WELFARE

Below are examples of what you must bring in for each household member.

Proof of Identity - Driver's license, passport, immunization records, school records.

Citizenship/Alien Status - Certified birth certificate, naturalization papers, alien card.

Social Security Number - You must provide or apply for social security numbers.

Residence/Shelter Expenses - Current bills, receipts, and/or canceled checks for all shelter expenses including rent, mortgage, property taxes, oil, gas, electric, insurance, telephone, cable, water and sewer. Landlord verification form may also be required.

Cash Resources - Documentation on **all** cash on hand, bank accounts, stocks, bonds, trust accounts, and retirement funds. Proof is shown by providing check registers, passbooks, bank or credit union statements, brokerage statements, etc. All documents must show updated balances from the financial institution.

Personal Property - Title, registration, bill of sale, and amount owed on all cars, trucks, campers, boats, motorcycles and snowmobiles.

Life Insurance - Actual policy must be provided, including any recent statements.

Real Estate - All documents relating to any and all real estate, including personal residence, rental property and business property. Documents should include deeds, mortgage, tax bill, insurance policies, purchase & sale agreements, and rental agreements.

Earnings - Pay stub or a letter from employer stating gross amounts earned. If self employed, your income tax statement from last year, profit/loss statement, and documentation of earnings and expenses for this year.

Child Support/Alimony/Divorce/Legal Separation - All court orders relating to your case and a letter from the person making payments to you including the amount and frequency of payments.

Other Income - A copy of the check, check stub, letter of award from the agency providing benefits, or a letter from the person making payments. Other income includes Social Security, SSI, VA Benefits, TANF, OAA, APTD, unemployment compensation, interest & dividends, disability benefits, contributions from friends/relatives, income from roomers/boarders, and any other income from any other source.

Employment Expenses - Pay stubs, receipts, canceled checks, evidence of mileage, or a statement from your employer regarding expenses for taxes, insurance, mandatory union dues, retirement plan, cost of mandatory uniforms or tools, child care, and transportation.

Student Status/Educational Expenses - A letter from the school indicating whether the student attends at least half time. A statement showing any amount and period covered by scholarships, grants or loans. A statements\ or receipt for tuition, fees, books, supplies, transportation and personal expenses related to the cost of school attendance.

Proof of Disability/Medical Expenses - Medical verification of disability/incapacity. Evidence of medical expenses including current receipts, canceled checks, bills from physicians, dentists, hospitals, and pharmacists. Evidence of health insurance premium including name of company, type of coverage, policy/claim number, and date coverage became effective.

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APPLICATION FOR LOCAL WELFARE ASSISTANCE

Date:_____

Applicant Name:_____ Social Security #:_____

Address:_____ Telephone #:_____

Birth Date:_____ Age:_____ Birthplace:_____

Marital Status:_____ Date:_____

Spouse or Co-Applicant:_____ Social Security #:_____

Birth Date:_____ Age:_____ Birthplace:_____

How long have you been at your current address?_____

Previous address for the past two years:

Street	Town & State	From	To

For any child in your household with a parent who is not in the household please list::

Parent's Name	Age	Address	Occupation

For <u>all</u> household members (including self) please list:

Name	Age	Occupation	Income	Relationship

Do you rent?_____ Own?_____ Name of all owners:_____

Name of Landlord/Mortgage holder: _____

Date rent due: _____Date last paid: _____
Has the landlord begun eviction?_____

Applicant's Parents:

Name	Address	Relationship	Occupation

Spouse or Co-Applicant's Relatives:

Name	Address	Relationship	Occupation

Military Service of Applicant or Spouse or Co-Applicant:

Veteran:_____ Branch:_____ Dates served:_____

Discharge type:_____ Benefits:_____

Area served: _____

Applicant's Employment History:

Employer	Date of Employment	Type of Work	Reason for Termination	Earnings

Are you registered with Employment Security? _____

Spouse or Co-Applicant's Employment History:

Employer	Date of Employment	Type of Work	Reason for Termination	Earnings

Are you registered with Employment Security? _____
Type of Assistance Requested:

_____

_____

Reason for Request:

_____

_____

Duration of Assistance:

_____

_____

Financial Information:

Name of Bank	Type of Account	Type Number	Balance

Cash on hand: _____ Other personal property:_____

Stocks, bonds, shares, retirement funds (type & value):_____

_____

Automobile Information:

Year	Make	Model	Registration #	Value	Monthly Payment

Insurance Information:

Type	Company	Cash Value (if any)	Monthly Premium

Applicant's income after taxes: $_____ per week / per month

Spouse or Co-applicant's income after taxes: $_____ per week / per month

Other Sources of Income:	**Yes**	**No**	**Amount per month**
TANF, APTD, OAA	___	___	$_____
SSI, SSDI or other disability payments	___	___	$_____
Social Security, Pension, Veterans Benefits	___	___	$_____
Annuity or Trust Funds	___	___	$_____
Relatives or Boarders	___	___	$_____
Unemployment Compensation	___	___	$_____
Support Payments (Child or Alimony)	___	___	$_____
Other Income (explain)	___	___	$_____

Have you or members of your household ever received any kind of public assistance?

When:_____ Type:_____ Source: _____ Amount: $_____

Does anyone in your household currently receive food stamps? _____If yes,
How much per month ?_____

Does anyone in your household currently receive WIC or CSFP? _____If yes,
who ?_____

Is anyone in your household covered by Medicaid, Medicare, or personal medical or dental insurance?
_____If yes, who?_____

Have you or anyone in your household ever been sanctioned by a public assistance agency?_____ If yes, who, when & by what agency?_____

Does anyone in your household have a lawsuit pending which may result in a cash award or settlement?
_____ If yes, please give the name & address of the attorney handling the case, and the household member involved. _____

_____

Are there any problems with your current residence that you feel are, or may be, unsafe? _____If yes, please give details: _____

_____

Expenses:

Rent/Mortgage: _____ Amount $_____ per week / per month

Food (including food stamps used): _____ Amount $_____ per week / per month

Electric: _____ Amount $_____ per week / per month

Gas / Oil: _____ Amount $_____ per week / per month

Automobile Expenses: _____ Amount $_____ per week / per month

Other Debts (specify): _____Amount $_____ per week / per month

Please state below any additional information you feel may impact your individual case.

Certifications and Signatures

I/We understand that if I/We receive assistance from the municipality I/We may be required to participate in the welfare work ("workfare") program. (RSA 165:31)

I/We understand that I/We may be required to repay any assistance provided, after deduction of the value of workfare hours I/We have completed, if I/We am returned to an income status which enables me/us to reimburse without financial hardship. (RSA 165:20-b).

I/We understand that if I/We am assisted the municipality may place a lien against any real property which I/We own. (RSA 165:28)

I/We hereby certify that if I/We have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I/We have listed these in this application. I/We further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I/We understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I/We receive within six years of receiving municipal assistance. (RSA 1 65-28a)

I/We hereby certify that the information I/We 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/We understand I/We may be required to provide documents and/or other forms of verification to prove the information requested on this application. I/We hereby certify that all information I/We will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. I/We understand that if I/We knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I/We may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)

I/We understand that if I obtain a job after I/We am assisted by the municipality, and I/We later quit the job without good cause, I/We 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/We understand that if I/We 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)

Signature Page

I/We hereby certify that I/we have read and understand this application, and that all information provided in this application is true and I/we understand any misrepresentation which affects my eligibility or amount of aid I/we may receive can cancel aid from the Town of Chester, and may result in court action for recovery.

_____ _____

(Applicant) (Date) (Spouse or Co-Applicant) (Date)

I/We understand that if I/we voluntarily quit employment without good cause within one year of receiving assistance I/we may be ineligible for any assistance for up to 90 days from the date of quit.

_____ _____

(Applicant) (Date) (Spouse or Co-Applicant) (Date)

I/We_____ , of the Town of Chester, County of Rockingham, hereby authorize and empower the Welfare Agent and the Board of Selectmen for the Town, or their designated attorney or agent to obtain any report or other information relating to my property, assets, debts, financial circumstances, or health; and in consideration of the financial aid which I am requesting from the Town, I hereby promise and agree to reimburse the Town for the amount of aid rendered so far as my circumstances will permit, and I authorize and empower the Board of Selectmen to place a lien upon any property of mine which I may now have or may hereafter acquire, and this agreement shall be in addition to any other rights which the Town may have under the laws of the State of New Hampshire, and shall not waive its rights to proceed in any other manner.

_____ _____

(Applicant) (Date) (Spouse or Co-Applicant) (Date)

State of New Hampshire
County of Rockingham

Personally appeared the above named _____, this ____ day of _____, _____, and acknowledged the foregoing to be true to the best of his/her knowledge and belief, and to be his/her voluntary act and deed. Before me,

_____

Justice of the Peace or Notary Public

My commission expires: