

TOWN OF ALEXANDRIA

47 Washburn Rd., Alexandria, NH 03222

603-744-3220(P)

603-744-9461(F)

info@alexandrianh.com

APPLICATION FOR ASSISTANCE

If you are in need of assistance from the Town of Alexandria Welfare Office, complete this entire application and return it along with all the information listed on the Required Verifications page. Original documents will be returned to you if you cannot provide copies.

Please print clearly:

Applicant Name: _____

Applicant Address: _____

Applicant Phone(Home): _____

Applicant Phone(Cell): _____

Applicant Email: _____

Applications should be returned to the Selectmen's Office. Applications are confidential.
Appointments are required for intake and application review.

If you have any questions, please contact me.

Jennifer Dostie
Welfare Director
Town of Alexandria
jdostie@alexandrianh.com

Responsibilities of Each Applicant and Recipient

At the time of initial application, and at all times thereafter while receiving assistance, 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 Director within 72 hours when a change in needs or resources may affect eligibility for continuing assistance.
3. To keep all appointments as scheduled and to return all information that is needed within the specified time frames so that once assistance is granted, no lapse of benefits such as from other sources.
4. To notify the Welfare Director within 72 hours of a change of address and any change in the members of the household.
5. To diligently search for employment and provide verification of application for employment when requested following a determination of eligibility for assistance.
6. To accept employment when offered, following a determination of eligibility for assistance.
7. To provide a Doctor's statement if any work-eligible adult in the household claims an inability to work due to medical problems.
8. To immediately notify the Welfare Director of any new employment or income that would change the amount of assistance.

A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification.

Any person may be denied from assistance or prosecuted for a criminal offense (welfare fraud), who, 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 they are not entitled.

These responsibilities have been read and I understand my responsibilities when applying for assistance.

Signature Applicant

Date

Signature Co-Applicant

Date

Instructions and Information on Application

To apply for assistance from the Town of Alexandria Welfare Department, you must fully complete this application. All documentation requested is required to complete the process. A decision cannot and will not be made until all documentation has been provided.

As you complete this application for General Assistance, we ask you to remember that local welfare is intended to assist temporarily and is not automatic, on-going or indefinite. This program is funded through local taxpayer dollars in this community. The law requires that you cooperate with the Welfare Director and take responsibility for your own personal behavior and actions.

If you are not currently employed full-time, you will be required to complete an extensive job search defined as three (3) to five (5) contacts per day and provide required documentation of such.

If you are unable to work due to a medical (physical or mental) reason, you must provide medical documentation from your medical provider.

If you have recently lost/left employment, your employer will need complete the Employment Form. You will also be required to enroll in the Unemployment Program.

An Employment Verification Form must be completed for each job, by each working member of the household. It will be provided to your employer(s), should be completed by your Employer(s) and returned to this Office directly, should they have any questions they can reach out.

A Rental Verification Form will be sent to your Landlord and must be completed by them and returned to this Office directly, should they have any questions they can reach out.

Lastly, you are expected to do everything possible to live withing your income by adjusting your financial situation to eliminate the need for General Assistance. You will be required to provide this office with on-going verifications and information as requested.

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE
FROM THE TOWN OF ALEXANDRIA, NEW HAMPSHIRE**

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer 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 hearing to present your case.
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 or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

Date of Application _____ Referred by _____

General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

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

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

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

Where? _____ Under what name? _____

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 |
|--------|-----------|-------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Housing Information:

Rent amount _____ per (month/week) _____ 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 _____

Bank/Mortgage Co _____ Address _____

Education / Training / Employment

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

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When began work _____ 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? _____

Co-Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When began work _____ 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:

[illegible]

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

| Name | Bank/Credit Union | Type of Account | Account Number | 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 | \$ |
| Other Investments | \$ |
| Property Other than Primary Residence | \$ |
| Motorcycles/Boats/Snowmobiles/ATVs/RVs | \$ |
| Other Assets (please list) | \$ |

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

| | |
|---|----|
| IRS Refund | \$ |
| Insurance Claim | \$ |
| Retroactive Disability Check | \$ |
| Retroactive Unemployment Check | \$ |
| Retroactive 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 |
|-------|-----------|-------|------|-------|----------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

| | <u>Name</u> | <u>Date Applied</u> | <u>Date Last Received</u> | <u>Monthly Amount</u> |
|------------------------------|-------------|-------------------------|-------------------------------|---------------------------|
| 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 | _____ | _____ | _____ | _____ |
| Vacation Pay | _____ | _____ | _____ | _____ |
| Veteran's Pension | _____ | _____ | _____ | _____ |
| Vocational Rehabilitation | _____ | _____ | _____ | _____ |
| WIC(Women/Infants/Children) | _____ | _____ | _____ | _____ |
| Workers' Compensation | _____ | _____ | _____ | _____ |
| Other: [_____] | _____ | _____ | _____ | _____ |

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

| <u>Name</u> | <u>Agency Name</u> | <u>Contact Person</u> |
|-------------|--------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Household Expenses

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 _____ |
| 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 _____ |

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 _____

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 _____

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

Required Verifications

You must provide the following verification/documentation along with your application at the time of submission.

| | |
|--|---|
| | Last four weeks pay stubs or other proof of net wages (Applicant, Co-Applicant and all working age household members) |
| | Last four week's receipts or other proof of bills paid |
| | Bills that are currently and/or past due |
| | Confirmation you have applied for/are receiving Social Security Benefits |
| | Confirmation you have applied for/are receiving from the HHS District Office. |
| | Emergency Food Stamps |
| | Food Stamps |
| | APTD/MA |
| | OAA |
| | TANF Emergency Assistance |
| | TANF |
| | You have applied for/are receiving Fuel Assistance benefits |
| | Verification of injury/illness |
| | You have applied for/are receiving Unemployment Compensation |
| | Picture IDs of adults and Birth Certificates of children living in the residence |
| | Registrations for all vehicles |
| | Last three months bank statements, liquid asset statements, bankbooks |
| | Statement of Child Support payments received/Child Support court order |
| | Statement from room-mate(s) regarding division of expenses |

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

Co-Applicant signature

AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,

Print Your Name

the local welfare administrator for the Town of Alexandria may require certain information about assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

| Type of Information | Purpose for Requesting this Information |
|---|---|
| Date of DFA 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 welfare assistance case including verification of information provided by me for determining eligibility for local welfare 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 welfare administrator 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 welfare administrator 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 DFA must be provided upon DFA request.

Relationship to You

Witness

Date

Basic Needs

Now that you have applied to the Town of Alexandria for general assistance, you agree to the following:

You are to spend any monies that you receive in your household for basic living needs only.

Basic living needs are:

- Rent
- Food
- Prescriptions
- Non-food Hygiene
- Utilities

You agree to provide dated and signed receipts (when applicable) for these expenses.

You also agree that if you spend money on items and services other than basic living needs, that you will be disqualifying yourself from assistance for these needs.

Applicant Signature

Date

Co-Applicant Signature

Date

Income Tax Refund

Please be advised that if you are requesting assistance from this office, all income tax refunds will be considered income and be used for allowable expenses such as rent (including arrears), utilities, medications, medical bills, and childcare. Budgets in this office will include all income and assistance will be determined from the household budget.

You are required to provide a copy of your income tax return/refund paperwork. You must immediately notify this office of any refund payment. Not doing so will be considered fraud and will be prosecuted accordingly.

I have read and understand the above. I will provide a copy of my income tax return within seven (7) days of filing my income taxes. I will keep receipts of what the money has been spent on to provide to the Town of Alexandria in the event that I need assistance in the future.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant's Authorization to Furnish Information

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 Town of Alexandria Welfare Department. 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 Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Town of Alexandria Welfare Department.

Applicant Signature

Date

Co-Applicant Signature

Date