

APPLICATION FOR AID FROM THE TOWN OF GREENFIELD

Case #:

General Information:

Social Security Number: _____ Date: _____

Name: _____ Telephone: _____

Address: _____ Are you a U.S. Citizen? YES NO

Date of birth: _____ Age: _____

List applicants' previous address, name and address of landlord if current address is less than 1 year

Employment Information:

Are you currently employed? YES NO

Employers Name: _____ Telephone: _____

Employers Address: _____

Name of Supervisor: _____ Date of hire: _____

Current Wage: _____

Marital Status:

Married _____ Single _____ Widowed _____ Divorced _____ Separated _____

Education:

Last full year of school completed: _____

Do you have a GED? YES NO

Household Information:

Number in your household: _____

Name	Relationship	DOB & Age	Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What type of assistance are you seeking? _____

BENEFITS AND AMOUNT RECEIVED:

Workers Comp. _____ VA _____ Medical _____ SSI _____

OAA _____ Unemployment _____ Social Security _____

Disability Insurance _____ Aid for Dependent Children _____

WIC _____ Child Support _____ Other _____

AVAILABLE INCOME:

Federal Income Tax Refund: _____

Anticipated Date you will receive this refund _____

Checking Account

Bank _____

Account # _____

Current Balance _____

Savings Account

Bank _____

Account # _____

Current Balance _____

401(k) _____

IRA _____

Hourly Wage: _____ Weekly Take Home _____

Child Support _____ Other _____

Do you expect a settlement from any source? YES NO

If yes, please explain:

Lawyer or agency handling this case: _____

Address and telephone of the above _____

MONTHLY EXPENSES:

Housing:

Rent or Mortgage: _____ Date payment is due _____

Last date paid _____ How long have you resided at this residence _____

Name of Mortgage Holder or Landlord: _____

Other Roommate contributions to household: _____

Utilities:

Heat _____ Electricity _____ Telephone _____

Cable Television _____ Other _____

Insurance:

Homeowner _____ Renter _____ Vehicle _____

Health _____ Dental _____ Life _____

Disability _____

Uninsured Health Care:

Medical _____ Dental _____ Othodontics _____

Eye Care _____ Prescriptions _____ Therapy _____

Transportation:

Type & Year of Vehicle _____ Car payment _____

Current amount owed _____ Vehicle Maintenance _____ Gas _____

Registration _____ Other _____

General Living Expenses:

Food _____ Clothing _____ Hair Care _____

Pet food & care _____ Vacations _____ DayCare _____

Cigarettes _____ Alcohol _____ Eating Out (fast food also) _____

Scratch Tickets _____

Children's Expenses - (please explain in detail) _____

Other Expenses: (please explain in detail) _____

Do you have a roommate/housemate(s) _ Y or N Name of Roommate(s): _____

Roommate portion of expenses: _____

FAMILY HISTORY:

Name of spouse, estranged or ex-spouse _____

Spouse Address: _____

Date & Place of Marriage, Separation or Divorce _____

Spouse : SS number: _____ Spouse: Date of Birth: _____

Employed: Y or N Name and Address of Current Employer: _____

Name of mother/father _____

Address of mother/fat Address: _____

Employed: Y or N Name and Address of Current Employer: _____

Parent(s) SS number: _____ Parents Date of Birth: _____

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 able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

Source. RS 66:8. CS 70:8. GS 74:8. GL 82:8. PS 84:12. 1925, 112:1. PL 106:22. 1933, 65:1. RL 124:18. RSA 165:19. 1973, 115:1. 1985, 380:11, eff. Jan. 1, 1986.

SERVICE RECORD:

Branch of Service _____ Dates served _____

Date of discharge _____ Benefits _____

Claim # _____

WORK HISTORY OF APPLICANT:

1. Employer _____

Date of Employment _____ Wages _____

Type of work _____

Reason for Termination _____

2. Employer _____

Date of Employment _____ Wages _____

Type of work _____

Reason for Termination _____

3. Employer _____

Date of Employment _____ Wages _____

Type of work _____

Reason for Termination _____

WORK HISTORY OF APPLICANTS SPOUSE, ESTRANGED OR EX-SPOUSE:

1. Employer _____

Date of Employment _____ Wages _____

Type of work _____

Reason for Termination _____

2. Employer _____

Date of Employment _____ Wages _____

Type of work _____

Reason for Termination _____

BUDGET WORKSHEET

CASE NUMBER: _____

Name: _____ Date: _____

A. Available Assets and Income

Amount

_____	\$ _____	mo/wk
Total Available Income	\$ _____	

B. ALLOWABLE EXPENSES:

Actual Expense

Allowable Expense

Rent/Board/Mortgage _____ month

_____ mo

Electric	_____ month	_____ mo
Heat	_____ month	_____ mo
Cooking Fuel	_____ month	_____ mo
Telephone	_____ month	_____ mo
Food	_____ month	_____ mo
Maintenance	_____ month	_____ mo
Medical	_____ month	(Life Saving Meds Only)
Transportation	_____ month	_____ mo
Auto Insurance	_____ month	_____ mo
Home Owner Ins.	_____ month	_____ mo
Other	_____ month	_____ mo
Total Expenses	_____	

C. ELIGIBILITY:

(A) Total Available Income \$ _____

(B) Total Allowable Expenses \$ _____

If A is greater than B, applicant is ineligible

If A is less than B, applicant is eligible

D. Area (s) in which assistance will be rendered and amount:

_____ \$ _____ mo/wk

_____ \$ _____ mo/wk

_____ \$ _____ mo/wk

_____ \$ _____ mo/wk

Note: This form should accompany a Notice of Decision

The Town of Greenfield DOES NOT incur or consider any expenses for items such as Cellular Phones (unless there is no landline phone) in which case, only \$30.00/month would be allowed; nor does it consider any expenses for internet access, credit card purchases, pet supplies etc.

MISREPRESENTATION

I understand that any misrepresentation given on this application will cancel all aid from the Town of Greenfield and may result in court action for recovery. I also understand that if I am dissatisfied with the action taken on this application, I have the right to request a hearing.

Applicant's Signature

Spouse's Signature

RSA 165:28

I understand that if I am awarded financial assistance, pursuant to RSA 165:29 a lien on any real property I own will be placed. I understand that in accordance to this statute I will be charged interest at 6% until the funds are reimbursed to the Town of Greenfield.

Applicant's Signature

Spouse's Signature

Date: _____

Date:

Requirements of General Assistance Applicants

In order to apply for General Assistance from the Town of Greenfield the following checked information MUST be brought in at the time of your interview. Failure to bring in the required information may delay the processing of your application.

_____ Proof of Income from any/all sources

_____ Pay stubs for the four weeks immediately prior to this application

_____ All Residence/Shelter Expense Receipts

_____ Proof of cash resources including savings accounts, checking account bank records, Credit Union Cards etc.

_____ If unable to work a doctors statement stating so (including the extent of disability and expected duration)

_____ Federal Income Tax Form (copy). Occasional need for this form when long term or exceptional aid is being requested.

_____ Proof of Residency -current rent receipt, lease agreement, statement from landlord

_____ You MUST register with your local Employment Security Office - WITHIN 7 DAYS

_____ You must complete a job Search Verification Sheet - WITHIN 7 DAYS - weekly thereafter in order to continue being eligible for assistance.

REQUIREMENTS CONTINUED:

_____ You must apply WITHIN 7 DAYS for: Fuel Assistance _____, Food Stamps, _____ AFDC _____, AFTD _____, SSI _____, SS _____, TANF _____

_____ You MUST participate in the Financial Assistance Work Program

_____ You MUST keep all scheduled appointments.

_____ You MUST provide a doctor's statement WITHIN 7 DAYS

I understand that failure to comply with the appropriate requirements check will result in denial of assistance.

Applicant's Signature

Spouse's Signature

Date: _____

TO REMAIN ELIGIBLE FOR AID YOU MUST DO THE FOLLOWING:

Report IMMEDIATELY any and all money changes in your household.

Report IMMEDIATELY any other change in your household circumstance

Promptly apply for all other aid recommended to you and keep appointments made for you such as: State Welfare appointments for food stamps and/or other aid programs; State Employment Office; Work Search appointments & SNHS Fuel Assistance.

If UNEMPLOYED and not disabled, you must actively seek work, do a work search sheet and return your completed sheet weekly to the Greenfield Town Office. FAILURE TO DO SO MAY INTERRUPT ASSISTANCE.

General Assistance may be obtained through the Selectmen's Office by calling 547-3442. When meeting the welfare official for the first time, please be sure to bring all the necessary information to assist in making a determination of your eligibility. Failure to do so may result in denial of assistance.

IT IS YOUR RESPONSIBILITY TO PROVIDE ALL THE NECESSARY INFORMATION TO THE HUMAN SERVICE DIRECTOR.