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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: \_\_\_\_\_

**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 &amp; Year of Vehicle \_\_\_\_\_ Car payment \_\_\_\_\_

Current amount owed \_\_\_\_\_ Vehicle Maintenance \_\_\_\_\_ Gas \_\_\_\_\_

Registration \_\_\_\_\_ Other \_\_\_\_\_

**General Living Expenses:**

Food \_\_\_\_\_ Clothing \_\_\_\_\_ Hair Care \_\_\_\_\_

Pet food &amp; 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) \_\_\_\_\_

**FAMILY HISTORY:**

Name of spouse, estranged or ex-spouse \_\_\_\_\_

Name of mother/father if different from above \_\_\_\_\_

Address of mother/father if different from above \_\_\_\_\_

Social Security Number of spouse, estranged or ex-spouse \_\_\_\_\_

Date of Birth of spouse, estranged or ex-spouse \_\_\_\_\_

Date & Place of Marriage, Separation or Divorce \_\_\_\_\_

**FAMILY HISTORY CONTINUED:**

Please list below the name, address and employer for:

Applicant's Father \_\_\_\_\_

Applicant's Mother \_\_\_\_\_

Applicant's Spouse's Father \_\_\_\_\_

Applicant's Spouse's Mother \_\_\_\_\_

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

**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
_____	\$ _____ mo/wk
_____	\$ _____ mo/wk
_____	\$ _____ 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.

# REIMBURSEMENT AGREEMENT

I agree that if at some future date, either my or my spouse's finances should change or I become able, I will reimburse the Town of Greenfield for any financial assistance I receive. Recovery of these expenses will be through a repayment plan, which will be mutually agreed upon.

Applicant's Signature \_\_\_\_\_ Spouse's Signature \_\_\_\_\_

If you or your spouse have a pending lawsuit, workman's compensation claim or aid from any other social service agency, please list the name, address and phone number of your Attorney, Insurance Company or any other Agency which may be handling the claim on your behalf

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Claim Number: \_\_\_\_\_

\* \* \* \* \*

RELEASE OF INFORMATION

I, \_\_\_\_\_, of the Town of Greenfield, in the County of Hillsborough, being an applicant for assistance, do hereby authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order, or any other person or organization having information concerning my circumstances to furnish such information to the Human Services Director.

*Applicant's Signature*

*Spouse's Signature*

\_\_\_\_\_, Human Services Director

Date: \_\_\_\_\_

**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

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**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.**