

WEBSTER WELFARE APPLICATION

VERIFICATIONS REQUIRED FROM APPLICANTS FOR WELFARE

In order to apply for General Assistance, the following information must be brought in at the time of your interview. Only the circled items are required. Failure to make a good faith effort to obtain the required verification may delay processing of your application and/or may result in the denial of your application. If you are unable to obtain the requested verifications, we will discuss with you alternative means of providing the required proof.

1. Proof of identification (picture ID, license, birth certificate, Social Security card).
2. Divorce decree or marriage license.
3. Proof of children (birth certificates or S.S. card).
4. Proof of residency (current rent receipt and/or lease or statement from person you are staying with) (Completed Landlord Form).
5. Residence/shelter expenses – rent, utilities, water and sewage, etc. (Past 4 weeks)
6. Proof of income (current pay stubs, Court ordered support payments, Worker's Compensation papers, Social Security benefits, AFDC benefits, Food Stamps, Unemployment, etc.) for the past four (4) weeks.
7. Proof of real or personal property – car, motorcycle, trailer, house, etc.
8. Proof of cash resources (savings, and checking accounts, etc.).
9. A statement signed by you that financial assistance is not currently available from parents or spouse.
10. Termination notice from previous welfare (state, city of county welfare).
11. Other: copy of most recent tax return and how refund was spent.

Return application and all paperwork to:

**Town of Webster
945 Battle St
Webster, NH 03303
Attn: Leslie Palmer**

FORM C

TOWN OF WEBSTER
Office of Selectmen
945 Battle Street, Webster, NH 03303
Tel. (603)648-2272 Fax: (603)648-6055

- 1. Date _____
- 2. Name _____ Soc. Sec. No. _____
- 3. Address _____ Tel. # _____

4. What needs are you requesting assistance with?

5. Age ____ Birth date _____ Place _____

6. Marital status ____ Date of marriage/Divorce _____

7. Spouse's name _____ SS# _____

Address _____

8. Number in household ____ List below all persons living with you

NAME	RELATIONSHIP	AGE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Do you own or rent (circle one)

10. If you rent:

Amount of rent _____ week/month Date Due _____

Date last paid _____ Utils. Included: None ___ heat ___ elec ___ water ___ Other ___

Name/Address/Tel. of Landlord _____

11. If you own:

Amount of Mortgage _____ month Date Due _____

Date last paid _____

List all payments included in mortgage (e.g.: insurance, taxes)

Name of bank/mortgage company _____

Address _____

12. List all addresses for past two years (street, town, state)

13. Education

Last school grade completed: applicant _____ spouse/co-app _____

GED obtained: applicant _____ spouse/co-app _____

Post high school courses/degrees or special training/job skills:

Applicant _____

Spouse/co-app _____

14. Work record of applicant

Employed now _____ Where _____

Position _____ When begin work _____

Unemployed now _____ Reason _____

Date last worked _____ Where _____

Amount and date of last paycheck _____

Are you able to work now? _____ If not able, why? _____

15. Does your household have any of the following resources?

Savings account (bank/amount) _____

Checking account (bank/amount) _____

Cash on hand (amount) _____

Stocks/bonds/securities _____

Real Estate (other than listed in question 11) _____

Motor vehicles(s) (year, make, and payments of each) _____

Other _____

16. Do you expect to receive a tax refund or any type of settlement? _____

17. Household expenses:

Rent/Board/Mortgage _____ per mo/wk Due date _____

Food (weekly) _____

Heat _____

Electric _____ Due date _____

Telephone _____ Due date _____

Water/sewer _____ Due date _____

Cooking fuel _____

Medical _____

Maintenance (weekly) _____

Transportation _____

Other _____

18. In accordance with RSA 165:19, please provide the following:

Applicant's father _____ Address _____

Employer _____ Does he own real estate? _____

Applicant's mother _____ Address _____

Employer _____ Does she own real estate? _____

Spouse/co-app father _____ Address _____

Employer _____ Does he own real estate? _____

Spouse/co-app mother _____ Address _____

Employer _____ Does she own real estate? _____

CERTIFICATION

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge and belief and provides an accurate summary of my situation, assets, and needs. All information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief.

I understand I may have to provide documents and/or other forms of verification to prove the information asked on the application.

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 a crime.

Signature of Applicant

Spouse/co-applicant

Signature of person completing form
(if not applicant)

Date

REIMBURSEMENT AGREEMENT

I acknowledge that I may be required to repay any assistance provided if I am returned to an income status which enables me to reimburse the town without financial hardship.

AMOUNT BORROWED: \$_____

I, _____, for consideration received, promise to pay to the order of the Town of Webster Welfare Department on demand the amount of \$_____

Every month until the full amount of \$_____ is paid in full.

Payments will start on or before _____ Payable to the Town of Webster, 945 Battle St, Webster, NH 03303.

I agree that if I have a lawsuit, or aid from any other social services agency now pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency which may be handling this claim on my behalf. I further agree to notify the Welfare Official immediately upon the receipt of any money from such claim or upon the settlement of such claim.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Signature of Applicant

Spouse/co-applicant

Date

Date

SELF DECLARATION FORM

DATE: _____

TO TOWN OF WEBSTER WELFARE:

Let it be known that I, _____, do hereby state that my parents are able/unable to assist me financially at this time in accordance with RSA 165:19 as indicated below:

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.

I understand that any misrepresentation given in this letter would cancel all aid from the Town of Webster and may result in court action for recovery.

Signature

TOWN OF WEBSTER
945 Battle Street
Webster, NH 03303
Tel. (603)648-2272 Fax (603) 648-6055
Fax to: 753-9184 Attn: Leslie Palmer

Dear Landlord:

In order to determine assistance for your tenant it is necessary to have the following verification completed by you:

Name(s) on lease: _____

ALL other household members: _____

Address of rental: _____

Rent: \$ _____ Per: Month Week Bi-monthly

Circle which utilities are included in rental amount:

Heat Elec Gas Water – or – No heat or utilities included

Date of occupancy: _____

Last date rent paid: _____ Amount Paid \$ _____

CHECK PAYABLE TO:

Landlord's name (please print) _____

Mailing Address _____

** Tax I.D. # or SS # _____

Telephone number _____

Landlord's Signature _____ Date _____

(** Failure to provide this information may result in 20% withholding of payment for tax purposes.)

WORK RECORD

List jobs starting with current or most recent:

Applicant's:

Employer	Date Hired	Date Left	Reason Left
_____	_____	_____	_____
_____	_____	_____	_____

Net Amount of last wages received _____ Date _____

Spouse:

Employer	Date Hired	Date Left	Reason Left
_____	_____	_____	_____
_____	_____	_____	_____

Net Amount of last wages received _____ Date _____

Other sources of income: check **YES** or **NO** and list amounts

AFDC, APTD, OAA	YES	NO	AMOUNT	_____
SSI	YES	NO	AMOUNT	_____
Social Security	YES	NO	AMOUNT	_____
Pension/Retirement	YES	NO	AMOUNT	_____
Rental Income	YES	NO	AMOUNT	_____
Unemployment Comp.	YES	NO	AMOUNT	_____
Child/Alimony Support	YES	NO	AMOUNT	_____
Interest from all accts.	YES	NO	AMOUNT	_____
Food Stamps	YES	NO	AMOUNT	_____
WIC or CSFP	YES	NO	AMOUNT	_____
Rental Assistance	YES	NO	AMOUNT	_____

Have you applied or received assistance from any other organization: If so, list source, date and amount of applied/received assistance.

**Town of Webster
Human Services Department
945 Battle Street
Webster, NH 03303
Fax to: 753-9184 Attn: Leslie Palmer**

EMPLOYMENT VERIFICATION REQUEST

Dear Employer:

In order to determine assistance for _____ it is necessary to have the following verification completed by you:

Employee's Name _____ SS# _____

Date of Hire _____

Hourly Pay Rate _____ Number of Hours per Week _____

Frequency of Pay: _____ weekly _____ bi-weekly _____ monthly

Date first paycheck will be received _____

Estimated NET amount of first paycheck _____

Name of Employer _____

Address _____ Phone _____

Signature of Immediate Supervisor Title

Date

**Town of Webster
Human Services Department
945 Battle Street
Webster, NH 03303**

Release of 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 Welfare Department. I/We also authorize the IRS, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly Services, NH Legal Assistance, City/Town Welfare Depts., shelters, Dept. of Employment Security, Veteran's Administration and Community Action Program, churches, or any other non-profit agency to release information to the Town of Webster Welfare office.

I/We also waive my/our right to privacy and confidentiality contained in my/our file and/or any information received by the Town of Webster Welfare and authorize the Welfare Office to release such information to other agencies to the extent that such release is made to further my/our application for or receipt of assistance from that agency.

Applicant Signature

Date

Co-Applicant Signature

Date

Signature of Person completing application if not Applicant

Date

Relationship to Applicant