

Town of Hudson, NH

EMERGENCY ASSISTANCE INTAKE FORM (To be completed at the time of each request for assistance)

Name:

Last

First

Middle

Maiden

Address:

Street / # / Apartment

Town

Have you requested assistance from the Town previously? _____ When?

How long have you lived at this address? _____ Phone #: _____

What type of assistance are you requesting at this time? _____

What is the name and ages of all household members?

List all sources and amounts of your household's earned and unearned income. This includes cash, savings and checking accounts.

Indicate any changes in your personal situation and when did this situation change:

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 and denied future assistance.

Signature

Date