Town of Hudson

Application for Assistance

Please call Kathy Wilson at (603) 595-6518 for an Appointment after application is completed.

Town of Hudson

REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____

Social Security Number: _____ D.O.B.: _____

Address: _____ Phone: _____

You must provide the following verification/documentation at the time of your appointment or assistance may be delayed or denied:

_____ Completed Application Form

_____ Rental Verification Form

_____ Last four weeks pay-stubs or other proof of net wages

_____ Last four week's receipts or other proof of bills paid or currently due

_____ Employment verification form from your employer

_____ Employment termination form from your last employer

_____ You have applied for / are receiving Social Security benefits

_____ You have applied at the DHHS District Office (883-7726) for:

- ☐ Emergency Food Stamps
- ☐ Food Stamps
- ☐ TANF
- ☐ Title XX Daycare
- ☐ APTD/MA
- ☐ OAA
- ☐ TANF Emergency Assistance

_____ You have applied for / are receiving Fuel Assistance benefits

_____ Verification of injury or illness

_____ You have applied for / are receiving Unemployment Compensation

_____ Proof of Identification / Picture ID (adults); Birth certificate/SS card (adults & minors)

_____ Vehicle registration

_____ Savings and checking account, liquid asset statements, bankbooks

_____ Statement child support payments received / Child support court order

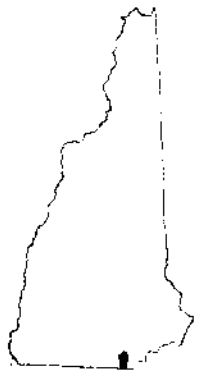
_____ Statement from room-mate(s) regarding division of expenses

Other: _____

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.

_____ _____

Town of Hudson signature Applicant signature



TOWN OF HUDSON

APPLICATION FOR ASSISTANCE

12 SCHOOL STREET HUDSON, NEW HAMPSHIRE 03051 (603) 595-6518

Date of Application _____ **Referred by** _____

1. **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? _____

Amount? _____

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

2. 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 _____

3. Education / Training / Employment

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
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? _____

Spouse 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:

Name	Employer	Pay	Weekly/ Biweekly	Employment Dates	Reason for Leaving

4. **Household Assets:**

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

Name	Bank/Credit Union	Savings Acct. #	Savings Balance	Checking Acct. #	Checking 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 _____ Property other than primary residence _____ Location _____

Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____

Other Assets (please list) _____

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

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____

Retroactive Unemployment or 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

5. Household Income

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

	Name	Date Applied	Date Last Received	Monthly Amount
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)				
Worker's Compensation				
Other: [ ]				

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

Name	Agency Name	Contact Person

6. 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

7. 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

8. 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 _____

9. 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, worker's 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 165-28a)

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)

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

TOWN OF HUDSON
MEDICAL RELEASE AND REPORT

APPLICANT NAME/SS#: _____ **dob:** _____

I hereby request the release by a doctor, hospital or clinic to the Local Welfare Administrator for the Town of Hudson, or it's authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

_____ _____

APPLICANT SIGNATURE **DATE**

TO THE PHYSICIAN OR CLINIC:

The person named above has indicated that he/she is currently unable to work and is in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Municipality also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? _____

What is the nature and extent of this individual's limitations? _____

Is this person disabled? No ❑ Yes ❑ (If yes, please clarify below)

❑ Temporarily ❑ Permanently ❑ Partially ❑ Totally

Date incapacity began: _____ Expected to end: _____

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: _____

_____

_____

Medications Prescribed: _____

_____ _____

Physician Name / Signature **Date**

Thank you for taking the time to complete this form.
Please contact the Town of Hudson at
(603) 595-6518 if you have any questions.

Town of Hudson

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Tenant's Name: _____ Date: _____

Address: _____

(Number/Street) (Apt. #) (City) (State)

Number of Household Members:_____ List of Household Members: _____

_____

_____

_____

Occupancy date: _____ Security Deposit: Amount: $_____ Date paid: _____

Rent amount: $_____; paid ❑ monthly ❑ weekly ❑ other _____

If subsidized rent, please list tenant portion: $_____ **# of Bedrooms:** _____

Rent Includes: ❑ All utilities ❑ No Utilities ❑ Hot Water ❑ Heat ❑ Electric

Type of Heat: ❑ Electric ❑ Oil ❑ Gas ❑ Other _____

Date last rent was paid: _____ Amount Paid: $ _____ Back rent owed: $ _____

(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ **OR** Social Security #: _____

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

_____ _____

Landlord's Name Telephone / Fax Numbers

_____

Landlord Address

_____

Name of Manager or other Representative

_____ _____

Landlord Signature Date

Town of Hudson

EMPLOYMENT VERIFICATION FORM

To Employer _____ Date _____

Address _____

Phone _____

For the purpose of administration of municipal assistance, the following information is required for:

_____
[name of employee]

Date of Hire _____ _____ Date starting/started work _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid ❑ weekly ❑ biweekly ❑ other ____

Date of first/most recent paycheck _____ Net amount _____

==========

If _____ **is no longer employed by your company:**

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination/separation _____

_____ _____
Signature and Title of immediate supervisor or person completing form Date

Town of Hudson

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 Local Welfare Administrator for the Town of Hudson. 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 Local Welfare Administration for the Town of Hudson.

_____ _____

Applicant Signature Date

_____ _____

Spouse or Co-applicant Signature Date

_____

Signature of person completing form (if not applicant); Relationship to applicant

_____ _____

Welfare Official Signature Date

Town of Hudson
AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,
Print Your Name
the local welfare administrator for _____ may require certain information about
Town/City
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

PLEASE READ AND SIGN

RSA 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 to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health.

RSA 165:20 Recovery of Expense – If a town spends any sum for the support, return to his home, or burial of an assisted person having relations able to support him under Section 19 of this chapter, such sum may be recovered from the relation so chargeable.

***I have read RSA 165:19 and RSA 165:20 above and understand that I am liable to assist now or that The Town of Hudson can bill me and recover assistance given to:**

_____ _____

Applicant Signature **Date**

_____ _____

Relative Signature **Relative Signature**

Date: _____