Town of Bennington, NH 7 School St. 603-588-2189 APPLICATION FOR ASSISTANCE

te of Application	Referred by				
General Information:					
Name		Date of Birtl	h		
Address					
Telephone	Social Security numbe	r	US Citizen?		
Marital Status	Rent or Own?	How long at th	is address?		
Spouse/Co-Applicant Na		_ SS#			
Spouse address (if not sa	me as applicant)				
_					
	al assistance before?				
		Under what name?			
Full Name	1	ate of Birth	Social Security #		
		(most 12			
Street	ess less than 12 months, please lis Town/City S	t past 12 month	2s addresses: Dates of Residence		

2. <u>Housing Information</u>:

	Rent amount	per (me	onth/wee	k)I	Date last paid	D	ate due	
	Do you have a current:	Deman	nd For Re	ent 🗖 No	tice to Quit	Landlor	d/Tena	nt Writ
	Total rent owed		D	o you have a	housing subsi	idy?		
	Utilities Included: 🗖 H	Heat [Electr	ric G	as 🛛 V	Vater/Sewer		Other
	LANDLORD: Name				Teleph	none		
	Address							
	IF HOME-OWNER: M	ortgage Ai	nount]	Date last paid		_Owed	l
	Bank/Mortgage Co				Address			
3.	Education / Training /	Highest C <u>Attend</u>	frade ed	<u>Diploma</u>	-	uining or Skills	_	Military <u>Service</u>
	Spouse/Co-Applicant:	<u> </u>			<u></u>			
	Applicant Work Histo Are you employed now When began work Are you unemployed no	?	D	ate/Amount o	f most recent	check		
	Date last worked							
	Are you able to work no							
	Current and two most Name E	recent jol	os of you <u>Pay</u> 	rself and AL <u>Weekly</u> <u>Biweek</u>	<u>/ Employ</u>	ment	d 18 & Reason Leavi	for

4. Household Assets:

Provide informa	tion regarding accou	•••		ousehold memb	ers:
<u>Name</u>	Bank/Credit Union		Balance		
Provide current Cash on hand (all Savings Bonds _	value of any assets h household combined Mutual F Retirement Ac	eld by you an) Funds	nd ALL househ Certificat	old members: es of Deposit (C sSto	D's) ocks
	erty other than primar				
-	s	•			
Claims/settleme	ase list) nts/income due to you Insurance Cla	u or ANY ho	usehold membe	er	
	nployment or Worker'			-	
Other Lump Sum	Payment (explain)				
	household member				vsuit?:
Lawyer Name/Ad	ldress				
Reason					
Please give detail	ousehold member ha				
Motor vobiolog o	wned by you and all	household m	amhars		
<u>Owner</u>	Auto Make Mode	<u>el Year</u>	Value	Payments	Insurance

5. Household Income

Indicate any benefits or income received or applied for by you or any household member: Name Date Last Date Monthly Applied Received 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: [1

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 of	r irregular periodi	c expenses d	uring the past 30 days:			
Car Inspection	_ Drivers License _		Medical			
Car registration	_ Fines/Court Paym	nents	Sewer/Water			
Car repair	_ Home Reparis		Tax (Income/Property)			
Dental	_ Home/Rent Insura	ance	Other			
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	on	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						
	Liability for Support Information					
	ation					
Liability for Support Informa Please provide following detail	s:					
Liability for Support Informa Please provide following detail Your father	s:	Address				
Liability for Support Informa Please provide following detail Your father Your mother	s:	Address Address				
Liability for Support Informa Please provide following detail Your father Your mother Co-applicant father	s:	Address Address Address				
	Bus/Cab	Bus/Cab Electric Cable/Internet Food Child Support Paid Fuel Oil Car Gasoline Gas, Bottled Car Gasoline Gas, Natural Car Insurance Gas, Natural Car Payment Health Insurance Condo Fee Laundry Child Care Loan Credit Card Lot Rent Car Inspection Drivers License Car registration Fines/Court Paym Car repair Home Reparis Dental Home/Rent Insura Criminal Information If yes, who? Have you or any member of your household ever the annulled? (yes/no) If yes, who? Town/City & State of conviction Are you or any member of your household present If yes, who? Court	Have you or any member of your household ever been convicted annulled? (yes/no) If yes, who? Town/City & State of conviction Details Are you or any member of your household presently on parole of If yes, who? Court or jurisdiction			

9. <u>Certifications and Signatures</u>

I understand that I may be required to repay any assistance provided 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

Requirements of General Assistance Applicants

In order to apply for General Assistance from the Town of Bennington 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 (how have you been paying your bills)
Pay stubs for the four weeks immediately prior to this application
All residence/shelter expense receipts (electric, food, heat etc.)
Proof of cash resources including savings, checking, Credit Unions, Retirements etc.
If unable to work, provide a Dr. statement indicating why. This must be provided within 7 Days of this application (include the extent of disability and expected duration)
Federal Income Tax Form (copy). Occassional 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.
Three (3) months of bank statements, etc.
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, failure to keep appointments without 24 hour notification will result in sanctioning any assistance for 7 days.

Applicant's Signature

Spouse's Signature

Date:_____