



(603) 527-1267

Application For Assistance

Date of Application _____ Referred By _____

Reason for Request _____

Assistance Requested _____

General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ SS# _____ US Citizen ☐ Yes ☐ No

Email _____

Marital Status _____ Rent or Own _____ How Long at this Residence _____

Spouse/Co-Applicant Name _____ SS# _____

Spouse Address (If not same as applicant) _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under What Name? _____

List below all persons living in your household, **Provide picture ID, SS Card or Birth Certificate for "Everyone" living in the household.**

Full Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If at your current address is less than 12 months, please list past 12 month's address:

Street	Town/City	State	Date of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? _____

If Homeowner: Mortgage Amount _____ Date Last Paid _____ Owed _____

Bank/Mortgage Co _____ Address _____

Education / Training / Employment:

	Special Training/Skills	Military Service	What Branch	How Long
Applicant:	_____	_____	_____	_____

Co Applicant:	_____	_____	_____	_____
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Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When Began Work? _____ All Household Income in Past 30 Days _____
(Documentation Needed)

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	wk/bwk	Dates of Employment	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If unable to work please provide a Dr note which should include your current ability to work with the extent and duration of the disability.

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 including current bank statements and printouts.

Cash on hand _____ Certificates of Deposits (CD's) _____
(All Household Combined)

Savings Bonds _____ Mutual Funds _____ Annuities _____ Stock _____

Trust Funds _____ Retirement Accounts _____ Insurance Policies _____

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 Payments (explain) _____

Do you or any member have a lawsuit pending? _____ **Who?** _____

Please give details _____

Lawyers Name/Address _____

Motor vehicles owned by you and all household members:

Owner	Auto Make	Model	Year	Value	Payments	Insurance
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Household Income:

Provide Documentation of 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/SNAP	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
Medicare	_____	_____	_____	_____
Medication Connection	_____	_____	_____	_____
NH Healthy Kids	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Social Security Retirement	_____	_____	_____	_____
Social Security (SSI)	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
WIC (Woman/Infant/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other	_____	_____	_____	_____

Provide Documentation if you or any other household member working, volunteering, and/or receiving assistance from any other agencies.

Name	Agency Name	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.) Bring receipts.

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 _____	
Credit Card _____	Lot Rent _____	

List unplanned, emergency or irregular expenses during the last 30 days:

Car Inspection _____	Driver's License _____	Medical _____
Car Registration _____	Fines/Court Payments _____	Sewer/Water _____
Car Repair _____	Home Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	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 _____ Details on 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

RSA 165:19 Liability for Support – **The relations** 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...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. _____ (applicant's initials and date)

Please provide following details:

Your Father _____ Phone: _____

Your Mother _____ Phone: _____

Co-Applicant Father _____ Phone: _____

Co-Applicant Mother _____ Phone: _____

You or your co-applicant's adult children _____

Certification 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 165:128-a.

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 (except any worker's compensation settlement) which I receive within six years of receiving municipal assistance. RSA 165:25-a.

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 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 165:3.

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.

I understand that an investigation will be conducted in order to verify facts and statements presented by the applicant and that this investigation may take place prior, during, and subsequent to the applicant's receipt of welfare assistance.

Applicant or Person Completing Form Signature

Date

Spouse or Co-Applicant Signature

Date

Welfare Official

Date

Date _____

TOTAL INCOME RECEIVED IN THE LAST 30 DAYS (if no income, see next page):

\$ _____

In the past 30 days I, _____, have approximately spent
my income on the following items listed below:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Expense Total \$ _____

X _____
(Client Signature)



Date _____

To Whom It May Concern,

I, _____, have had no income for the past 30 days.
Income is defined as any and all monetary benefits received, to include gifts,
refunds, loans, other state, local or federal benefits received, or any money
received by me at all.

X _____
(Client Signature)

Authorization for Release of Information

I, _____ of the CITY OF LACONIA in the COUNTY OF BELKNAP, 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 Welfare Director. I also, authorized the Laconia Welfare Department to release information to other welfare and social service agencies involved in servicing my case.

I authorize the following individual to represent me in processing this application.

My representative contact information

Name: _____

Email: _____

Phone Number: _____

Applicant Signature

Date

Signature of Person Completing App
If Not Applicant

Co-Applicant Signature

Date

Relationship

ONE MUST NOT VOLUNTARILY LEAVE A JOB WITHOUT GOOD CAUSE

Public assistance applicants who voluntarily leave a job without good cause, within sixty days of applying for local welfare and having received local assistance within the past 365 days, may be disqualified from receiving assistance for 90 days from the date of voluntary quit. Such sanction shall not affect applicants who are responsible for supporting minor children within their household or those mentally or physically unable to work.

Any sanctioned applicant must have received prior notice that a voluntary job quit without good cause may result in a temporary eligibility cut-off. Likewise, they must receive a written application and a notice of decision. RSA 165:1-d.

I understand that quitting a job voluntarily, or not reporting to work without good cause, leading to employment termination, may result in a potential 90-day period of local public assistance ineligibility.

APPLICANT

DATE

CO-APPLICANT

DATE

WELFARE OFFICIAL

DATE

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains

Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of
Individual or Agency
Providing the Information:

DHHS
65 Beacon St West
Laconia NH 03246

to provide the following information:

All information needed for my case with
the City of Laconia.

to:

Name and Address of
Individual or Agency
Receiving the Information:

Cathy Raymond, Welfare Office
City of Laconia
45 Beacon St East
Laconia NH 03246
603-527-1267

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)

Dear Landlord/Shelter Director:

In order to determine assistance for your occupants, it is necessary to have the following verification form completed and signed by you.

NAME(S) OF OCCUPANTS OR NAME(S) ON LEASE:

ALL OTHER HOUSEHOLD MEMBERS: _____

ADDRESS OF OCCUPANCY: _____

RENT: \$_____ PER MONTH WEEK DAY (please circle)

OF BEDROOMS _____ TOTAL # OF ROOMS _____

INCLUDES: HEAT ELEC GAS WATER NO UTILITIES INCLUDED

DATE OF OCCUPANCY: _____

SEC. DEP. PAID: _____ BY WHOM: _____ \$ _____

AMOUNT OF RENT PAID IN CURRENT MONTH: \$ _____

DATE RENT LAST PAID: _____ AMOUNT PAID: \$ _____

RENT PAID IN LAST 30 DAYS \$ _____ RENT PAID UNTIL: _____

MONTHLY/WEEKLY RENT DUE DATE: _____

PLEASE MAKE CHECK PAYABLE TO:

LANDLORD'S NAME/SHELTER: (please print) _____

MAILING ADDRESS: _____

TELEPHONE # _____ DATE: _____

LANDLORD'S/SHELTER DIRECTOR SIGNATURE _____

MANAGER'S NAME: (if there is one) _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.