



(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 #

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

Street

Town/City

State

Date of Residence

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**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: \_\_\_\_\_

**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
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**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.**

**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:**

	<b>Name</b>	<b>Date Applied</b>	<b>Date Last Received</b>	<b>Monthly Amount</b>
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.

<b>Name</b>	<b>Agency Name</b>	<b>Contact Person</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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-c.

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.

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APPLICANT

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DATE

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CO-APPLICANT

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DATE

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WELFARE OFFICIAL

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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:

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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**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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 <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate single-member LLC				
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <small>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.</small>				
	<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					
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
or					
Employer identification number					
<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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](http://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.*