

Applicants:

Due to the Coronavirus we will be processing applications slightly different. Please read the “Required Documentation” page prior to filling out the application.

If you have any questions, please contact the Welfare Office at 527-1267. Once you complete the application and collect the required documentation please give us a call so we can provide you with the next step.

Thank you,

Cathy Raymond
City of Laconia
Welfare Technician

Required Documentation

You must bring all information listed below to your appointment.

- Application –**
Must be completely filled out. If the question does not apply to you, leave blank. If you have questions about the application or documentation, please call 527-1267 prior to scheduling an appointment.
- Proof of identification for all household members –**
Acceptable identification – driver’s license, non-driver license, birth certificate and/or social security card for each member of the household.
- Proof of residency –**
Rental/lease agreement, rent receipts, or a statement from the person with whom you are residing.
- Proof of income and benefits from any source for all household members for the past 30 days –** Income and benefits include: TANF/Relative pay, SNAP, child support, Social Security (SSI/SSDI/Retirement), Unemployment Compensation, Worker’s Compensation, VA, tax refunds, cash gifts, inheritance monies, the past 4 weeks of current pay stubs.

If self-employed, a Profit/Loss statement is required, along with the most recent income tax return
- Proof of Expenses –**
Rent, utilities, child care, medical, support payments, food or any other receipts that were paid.
- Proof of all cash resources for all household members –**
Current checking and/or savings account statements from your bank or credit union, cash on hand.
- Proof of any programs you have applied to –**
APTD (state disability), TANF, SNAP, WIC Unemployment, Social Security, Medicaid/Medicare, VA benefits, Fuel Assistance, Electrical Assistance Workers’ Compensation, Housing (HUD).
- Doctor’s Statement required if anyone in the household is unable to work -**
The statement needs to be on the physician’s letterhead, within the last 30 days and must include the nature and extent of the disability, as well as any work limitations.
- Eviction paperwork (If Any)**
- Completed Landlord Form –**
Must be completed by the landlord only.

(Incomplete applications and/or insufficient documentation may delay assistance)



(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

AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

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

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 applications(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit insurance, 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 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

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

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) _____