

TOWN OF ALEXANDRIA

Application for Aid

1. **Name** _____ **Date** _____
2. **Address** _____ **Telephone** _____
3. **How long at this address?** _____ **Social Security #** _____
4. **Type of assistance you are requesting?**

Reason Assistance is needed? _____

5. **Age** _____ **Birthdate** _____ **Place** _____
6. **Marital Status** _____ **Date/location of Marriage/Divorce** _____
7. **Spouse's/Co-applicant's Name** _____ **Soc. Sec. No.** _____
- Address** _____

8. **Number in household** _____ **List below all persons living with you:**
- | NAME | RELATIONSHIP | DOB & AGE |
|------|--------------|-----------|
|------|--------------|-----------|

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **Do you OWN or RENT?** (circle one)

10. **If you rent:**

Amount of rent _____ week/month Date due _____

Date last paid _____ Utilities included? none __ heat __ dec. __ water __ other __

Amount due as of this date _____ Amt. of Security Deposit in place _____

Name of Landlord _____

Landlord's Address _____

Telephone _____

Please circle source of referral to this office:

- | | | | |
|--------------------|-------------------|-------------------|-------------|
| 1. Self | 4. Social Service | 7. Mental Health | 10. DES |
| 2. Hospital | 5. Family/Friend | 8. Vet. Admin. | 11. Shelter |
| 3. Medical Service | 6. School | 9. Justice System | 12. Other |

11. **If you own:**

Name of Mortgage Company _____ Date Due _____

Address _____

Current amount due _____ Date last paid _____

List all payments included in mortgage (eg: insurance, taxes) _____

Have you received a Notice of Foreclosure? _____

Explain status _____

12. **List all addresses for past two years** (street, town, state) _____

13. **Education**

Last school grade completed: applicant _____ spouse/co-applicant _____

GED obtained: applicant _____ spouse/co-applicant _____

Post high school courses/degrees or special training/job skills:

Applicant _____

Spouse/Co-Applicant _____

14. **Service Record** Branch _____ Years served _____

Type of Discharge _____ Benefits _____ Claim # _____

15. **Work record of applicant:**

Employed now _____ Name/address employer _____

Phone # employer _____ Position _____ When begin work _____

Unemployed now _____ Reason _____

Date last worked _____ Name/address/phone of employer _____

Amount and date of last paycheck _____

Are you able to work now? _____ If not able, why? _____

Work history (applicant): for the last 5 years, list all employers, dates of employment, position, and reason for leaving.

16. Work record of spouse/co-applicant/other household adults

Employed now _____ Name/address Employer _____
Phone Employer _____ Position _____ When begin work _____
Unemployed now _____ Reason _____
Date last worked _____ Name/address/ phone Employer _____
Amount and date of last paycheck _____
Are you able to work now? _____ If not able, why? _____

17. Current benefits of any member of your household, amounts received & dates of application

	YES	NO	AMOUNT	DATE
AFDC, APTD, OAA	_____	_____	_____	_____
Workers Compensation	_____	_____	_____	_____
SSI	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Annuity or Trust Fund	_____	_____	_____	_____
Income from relative or boarders	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
F.S.	_____	_____	_____	_____
WIC	_____	_____	_____	_____
Disability Insurance	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
CAP	_____	_____	_____	_____
Medical	_____	_____	_____	_____
SUB HO	_____	_____	_____	_____
Other (source and amount)	_____	_____	_____	_____

18. Have you ever received any kind of public assistance?

Source _____
When _____

19. Does your household have any of the following resources?

Savings account/credit union (bank/amount) _____
Checking account (bank/amount) _____
Cash on hand (amount) _____
Stocks/bonds/securities/401K/retirement/insurance w/loan value _____

Real estate (other than listed in question 11) _____

Do you own a vehicle? _____ List Motor vehicle(s) (year, make, payment and current amount due on each) _____

Other (assets non-essential personal property) _____

20. **Do you expect to receive a tax refund or any type of settlement from any source?** _____

Name/address/phone of lawyer or agency handling _____

Date of filing _____ Amount expected _____ Date anticipated _____

21. **Household expenses:**

Rent/Board/Mortgage _____ per month/week _____ Amount due _____

Food (weekly) _____

Heat _____

Electric _____

Due date _____

Telephone _____

Due date _____

Water/sewer _____

Due date _____

Cooking fuel _____

Due date _____

Medical _____

Maintenance (weekly) _____

Transportation _____

Other _____

22. **In accordance with RSA 165:19, please provide the following:**

Applicant's father _____

Address _____ Phone _____

Employer name/address _____ Does he own real estate? _____

Applicant's mother _____

Address _____ Phone _____

Employer name/address _____ Does she own real estate? _____

Spouse/co-applicant Father _____

Address _____ Phone _____

Employer name/address _____ Does he own real estate? _____

Spouse/co-applicant mother _____

Address _____ Phone _____

Employer name/address _____ Does she own real estate? _____

Also list above requested information on any adult children as above on reverse side.

CERTIFICATION

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge and belief and provides an accurate summary of my situation, assets, and needs. All information I have provided in response to questions asked by the Welfare Officer is also true and complete to the best of my knowledge.

I understand I may have to provide documents and/or other forms of verification to prove the information asked on the application.

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 a crime.

I also understand if I am dissatisfied with the action taken on this application, I have the right to request a Fair Hearing.

Signature of Applicant

Spouse/Co-Applicant

Signature of Person completing form
(if not applicant)

Date

REIMBURSEMENT AGREEMENT

Pursuant to RSA 165:20-b, I agree that if I return to an income status after receiving the assistance which enables me to reimburse the Town without financial hardship, I will repay the assistance I receive. I understand that when this occurs, I will contact the Town of Alexandria to make a repayment arrangement.

Signature of Applicant

Spouse/Co-Applicant

I agree that if I have a lawsuit, or aid from any other social services agency now pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency which may be handling this claim on my behalf. I further agree to notify the Welfare Officer immediately upon the receipt of any money from such claim or upon the settlement of such claim.

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Signature of Applicant

Spouse/Co-Applicant

Date

Date

INFORMATION RELEASE

I _____ of the Town of Alexandria in the county of Grafton, 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 Alexandria Welfare Office and authorize the Welfare Officer to release such information to other agencies to the extent that such release is made to further my application for or receipt of assistance or benefits from that agency. A photocopy or fax of this signed release may be used in place of an original.

Signature of Applicant

Spouse/Co-Applicant

Date

Welfare Officer

MISREPRESENTATION

I understand that any misrepresentation given on this application would cancel all aid from the Town of Alexandria and may result in court action for recovery. I also understand if I am dissatisfied with the action taken on this application. I have the right to request a hearing.

Applicant's signature

Co-Applicant's Signature

TOWN OF ALEXANDRIA NEW HAMPSHIRE

VERIFICATION REQUIRED FROM APPLICANTS FOR WELFARE

You will need to bring the following documentation with you for your appointment. A decision will not be made until all documentation requested has been supplied.

1. **Proof of Identification** for each member of the household. This can be a birth certificate, a social security card, or a picture I.D.
2. **Proof of Residence.** This is either the completed Welfare Rental form or a lease (if not a property owner).
3. **Proof of Income** (current month's paycheck stubs, statement from employer with net and gross amounts for the past month, workers compensation papers, unemployment compensation check stub, social security grant letter, AFDC check stub). If you have just started a new job, you will need a statement from the employer of hourly rate, hours per week and date and amount of first paycheck.
4. **Proof of all allowable bills** that you are paying (rent, electric, food, gas, babysitter, prescriptions, heat).
5. **Proof that you have applied for the following:** AFDC, Food Stamps, workers compensation, unemployment compensation, social security, APTD, fuel assistance.
6. **Proof of any personal property** (vehicle registrations, house deed, trailer deed, etc.)
7. **Proof of any cash resources.** Saving and checking account statements for any household member including children.
8. **Doctor's statement of disability or reason for leave from work.** Please request welfare form for this.
9. **Proof that parent, spouse or children cannot help financially** (See RSA: 165:19).
10. Original prescription must be presented if requesting assistance with medications.
11. For this program, spouse, significant other, housemate are defined as the same.
12. Other _____

TOWN OF ALEXANDRIA

NEWHAMPSHIRE

APPLICATION REQUIREMENTS FOR OTHER PUBLIC ASSISTANCE

Pursuant to RSA 165:1-b, as a recipient of general assistance, you are required to make application for other public assistance for which you may qualify to reduce or eliminate your need for general assistance.

If you may be eligible to receive AFDC, APTD, OAA, social security, fuel assistance or subsidized rent you must apply within seven days of your application for general assistance. You must follow the requirements and fulfill your responsibilities of these programs. This means you must keep your appointments with your Case Worker and complete all the forms and verifications your Case Worker has requested by deadlines specified by those agencies.

The State of New Hampshire has also passed a voluntary quit bill that is in effect as of Aug. 8, 1995 which states any person eligible for public assistance who voluntarily terminates employment within the 60 day period before filing an application for assistance, shall be ineligible to receive assistance for 90 days from the date of employment termination (see detailed statement Form A-7).

If you have any difficulties fulfilling your responsibilities, immediately contact your Case Worker and make it known. There may be another way for you to submit the required information.

My responsibilities to apply for and to utilize other types of public assistance as stated above have been discussed with me. I understand that failure to fulfill these responsibilities will cause me to be denied general assistance. I have discussed any questions I might have with the Welfare Officer.

Alexandria General Assistance Guidelines are available upon request.

Signature of Applicant _____

Signature of Co-applicant _____

Date _____

TOWN OF ALEXANDRIA NEW HAMPSHIRE

PUBLIC ASSISTANCE REPAYMENT AGREEMENT

Pursuant to RSA 165:20-b any town furnishing assistance to any person who is returned to an income status after receiving the assistance which enables him/her to reimburse the town without financial hardship may recover from such person the amount of assistance provided.

Pursuant to RSA:165:28 the amount of money spent by a town to support an assisted person under 165:28 shall, except for just cause, be made a lien on any real estate owned by the assisted person. The liens are effective until enforced by 165:28 or released by the Selectmen. Interest at the rate of 6% per year shall be charged on the amount of money constituting such lien commencing one year after the date of the filing of the lien. A notice of lien will be filed with the register of deeds. Upon payment of the assistance obligation, an acknowledgment of satisfaction of the lien will then be filed with the register of deeds.

I, the undersigned _____, resident of the Town of Alexandria, NH (hereinafter "applicant"), hereby agree with the Town that the full amount of any public welfare payments made at my request and on my behalf in the form of direct payment to creditors, will be repaid in the following manner:

- 1) By payment over to the Town, unless the Town shall waive such right, any refund of federal income tax for the year, to the extent of repayment still owed to the Town.
- 2) By repayment of any remaining balance in cash as soon as applicant shall secure regular or seasonal employment, at the rate in accordance with a payment schedule as agreed at the time with the Town.

Applicant hereby acknowledges that any failure to perform as agreed herein shall relieve the Town of Alexandria of any further obligation for welfare assistance.

Applicant

Co-Applicant

Date

Agreed Town of Alexandria, New Hampshire

Welfare Officer

Date

TOWN OF ALEXANDRIA NEW HAMPSHIRE

GENERAL ASSISTANCE RIGHTS OF APPLICANTS

You have the following rights:

1. You have a right to make a WRITTEN APPLICATION FOR assistance, even if the Welfare Officer advises that you are not eligible.
2. You have a right to receive a PROMPT WRITTEN DECISION telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have IN WRITING the REASON WHY you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to APPEAL any decision you do not agree with. You must appeal within 5 working days after you receive your decision.
5. You have a right to have a HEARING to present your case.
6. You have a right to have your assistance CONTINUED if you are receiving assistance and you request a fair hearing.
7. You have a right to REVIEW the information in your file before your hearing.
8. You have a right to see the GUIDELINES used by the Welfare Officer in making decisions on your application.
9. You have a right to be given a WRITTEN NOTICE OF CONDITIONS before you are suspended from receiving assistance for failing to obey the GUIDELINES.
10. You have a right to refuse to work for the Town or to find a job IF you have a child under the age of 5 or you are disabled or ill or you must take care of a member of your family who is disabled or ill.

**ALEXANDRIA
NEW HAMPSHIRE**

SELF DECLARATION FORM

Date _____

To Alexandria General Assistance Applicant:

Pursuant to RSA 165:19, I acknowledge that my father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain any poor person when such person is in need of relief.

Let it be known that I _____, do here state that my parents and/or children are able/unable to assist me financially at this time as indicated below:

I understand that any misrepresentation given in this statement will cancel aid from the Town of Alexandria and may result in court action for recovery.

Signature _____ Date _____

TOWN OF ALEXANDRIA NEW HAMPSHIRE

DISQUALIFICATION FOR VOLUNTARY TERMINATION OF EMPLOYMENT

Pursuant to RSA 165:1-d any person eligible for assistance under this chapter, who voluntarily terminates employment without good cause may be ineligible for receiving general assistance.

:

General 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 responsible for minor or dependent children who the person is legally responsible for supporting or if at the time of termination of employment, the person had a mental or physical impairment which caused such person to be 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 disqualification. Likewise, they must submit a written application and receive a notice of decision.

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 days period of local public assistance ineligibility.

I have read the above on voluntary quit legislation and have discussed any questions I might have with the Welfare Officer.

Applicant

Date

Co-Applicant

Date

Welfare Officer

Date

FORM A-7

Town of Alexandria
Notice of Conditions
First Notice

NAME:

DATE:

The following is required of you as a recipient of General Assistance from the Town of Alexandria. You have seven (7) days from receipt of this notice to comply with these requirements (only the checked items are required). Willful failure to comply with conditions of assistance may result in the suspension of assistance.

_____ You must register with your local employment security office.

_____ You must complete job search verification sheets each week in order to continue to be eligible for assistance unless you are exempt from the job search requirements. This means you must apply for a minimum of eight (8- Full Time (40 hours) jobs per week. Individuals who, without good cause, refuse a job offer or referral to suitable employment are ineligible for further general assistance.

_____ Within one (1) week of application, you must apply for the following programs (only checked items are required):

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Fuel Assistance
<input type="checkbox"/> Medicaid/Healthy Kids	<input type="checkbox"/> OAA – Over 64
<input type="checkbox"/> Taniff Single Parent	<input type="checkbox"/> APTD - Disabled
<input type="checkbox"/> AFDC Incapacitated Parent	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> AFDC Unemployed Parent	<input type="checkbox"/> VA Benefits
<input type="checkbox"/> AFDC Emergency Assistance	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Vocational Rehabilitation Services	<input type="checkbox"/> Public Housing – Section 8
<input type="checkbox"/> Social Security	<input type="checkbox"/> WIC
<input type="checkbox"/> SSI	<input type="checkbox"/> Other EAP ELECTRIC

PROG.

_____ Proof of income from any source and current pay stubs from the four (4) weeks immediately if not submitted on date of application.

_____ A doctor's statement *if* unable to work due to a physical or mental disability: this must state the extent of disability, expected duration, and whether or not you can do any kind of work at all and if so, what type of work.

_____ The following additional verifications are required to be delivered within the next 7 days to this office – copy of determination from State of NH, Dept. of Health & Human Services

_____ Other:

Welfare Officer

YOUR NEXT APPOINTMENT WILL BE ON : _____ in the event that continued assistance is required.

If you disagree with any of the above, you must notify the Welfare Officer immediately upon receipt to discuss the matter.

Signature of Applicant

Signature of Co-Applicant

***Town of Alexandria
Employment Search Verification***

In order to comply with RSA 165:1-b, you are required to complete a work search. You may comply by completing the form below.

Name: _____

Address: _____

Position Sought: _____ Company Name: _____

Date: _____ Company Address/phone: _____

Interview Granted: Yes ___ No ___ If so, by whom: _____

Hired: Yes ___ No ___

If not, reason given: _____

Position Sought: _____ Company Name: _____

Date: _____ Company Address/phone: _____

Interview Granted: Yes ___ No ___ If so, by whom: _____

Hired: Yes ___ No ___

If not, reason given: _____

Position Sought: _____ Company Name: _____

Date: _____ Company Address/phone: _____

Interview Granted: Yes ___ No ___ If so, by whom: _____

Hired: Yes ___ No ___

If not, reason given: _____

Position Sought: _____ Company Name: _____

Date: _____ Company Address/phone: _____

Interview Granted: Yes ___ No ___ If so, by whom: _____

Hired: Yes ___ No ___

If not, reason given: _____

I understand that the Welfare Officer may verify this information, and that falsification of information may be grounds for termination of assistance.

Date

Signature

Town of Alexandria Budget Worksheet

NAME: _____ **DATE:** _____

A. Available assets and income:

	<u>AMOUNT</u>
_____	\$ _____ mo/wk
_____	\$ _____ mo/wk
_____	\$ _____ mo/wk
_____	\$ _____ mo/wk
TOTAL AVAILABLE INCOME:	\$ _____ mo/wk

B. Allowable Expenses:

	<u>ACTUAL EXPENSES</u>	<u>ALLOWED EXPENSE</u>
Rent/Board/Mortgage	_____ mo/wk	_____ mo/wk
Electric	_____ mo/wk	_____ mo/wk
Heat	_____ mo/wk	_____ mo/wk
Water/Sewer	_____ mo/wk	_____ mo/wk
Cooking Fuel	_____ mo/wk	_____ mo/wk
Telephone	_____ mo/wk	_____ mo/wk
(only if necessary for medical reasons)		
Food (minus food stamps)	_____ mo/wk	_____ mo/wk
Maintenance	_____ mo/wk	_____ mo/wk
Transportation	_____ mo/wk	_____ mo/wk
Paper Products	_____ mo/wk	_____ mo/wk
Other _____	_____ mo/wk	_____ mo/wk
Other _____	_____ mo/wk	_____ mo/wk
TOTAL EXPENSES	_____	_____

C. Eligibility:

(A) Total Available Income \$ _____
 (B) Total Allowed Expenses \$ _____
 \$ _____

If A is greater than B, applicant is ineligible.
 If A is less than B, applicant is eligible.

D. Area(s) in which assistance will be rendered and amount:

_____	\$ _____ mo/wk
_____	\$ _____ mo/wk
_____	\$ _____ mo/wk
_____	\$ _____ mo/wk

TOWN OF ALEXANDRIA
45 WASHBURN ROAD
ALEXANDRIA, NH 03222
(603)-744-3220

RENTAL VERIFICATION FORM

To the client: DO NOT COMPLETE THIS FORM YOURSELF.

To the landlord: This form is to document who is living in the household. DO NOT LET THE CLIENT COMPLETE THIS FORM. Intentional misrepresentation of household content to assist in Welfare Fraud will be considered Falsification of an Unsworn Document and will be prosecuted under penalty of law.

TENANT'S NAME: _____

TENANT'S ADDRESS: _____

NAMES OF ALL PEOPLE RESIDING AT THIS ADDRESS: _____

NUMBER OF BEDROOMS: _____ DATE OCCUPANCY BEGAN: _____

RENT AMOUNT: _____ PER: _____

INCLUDES. HEAT _____ ELECTRIC _____ GAS _____ WATER _____

AMOUNT OF DEPOSIT PAID _____ BY WHOM _____

DATE LAST RENT PAID _____ AMOUNT PAID _____

IS THIS A RENT TO OWN? YES _____ NO _____

IF SO WHAT AMOUNT MONTHLY GOES TOWARDS PURCHASE? _____

IS THERE ANY GOVERNMENT SUBSIDY PAID ON THE TENANTS BEHALF? IF YES, GIVE AMOUNT, FREQUENCY, AND TYPE. _____

DOES TENANT RECEIVE ANY ELECTRIC STIPEND FROM HOUSING? IF YES, HOW MUCH AND HOW OFTEN? _____

IS THERE BACK RENT DUE? IF YES, HOW MUCH AND FOR HOW LONG?

ARE YOU RELATED IN ANY WAY TO THE TENANTS? _____

The following information is necessary to process this for possible payment of rent and to insure the town of Alexandria's compliance with state and federal laws. At the end of each year the town of Alexandria will issue you a 1099 form for the Internal Revenue Service. If any part of the information requested that is necessary to comply with this federal law is not supplied, we cannot process rent request by the tenant. To insure your privacy of such information you may fill out and fax this form any time to:

The Town of Alexandria,
Department of Welfare
(603) 744-9461 (fax)

or mail to the address on the heading of this form.

SOCIAL SECURITY NUMBER

OR

TAX IDENTIFICATION NUMBER

OWNERS NAME AND ADDRESS

OR

BUSINESS NAME AND ADDRESS

PHONE AND FAX NUMBERS

Please note that for the protection of our landlords, we will not make a Voucher or check out to any person other than the owner or business firm of legal record. Management companies please acting on behalf of Owners or banks, kindly provide verification of your contract concerning this property. Thank you.