



Town of Meredith, 41 Main Street, Meredith, NH 03253

List of Required Verifications to Apply for General Assistance

Email your completed Application and Required Verifications to: llabraney@meredithnh.org

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:

- _____ Completed General Assistance Application Form – signed by all adults in home.
- _____ Landlord Packet (Rental Verification, Vendor Information and W9) – must be completed by the landlord
- _____ Income - last four week's pay-stubs or other proof of net wages
- _____ Bills - last four week's receipts or other proof of bills paid or currently due
- _____ Employment Termination form from your last employer
- _____ Social Security benefits – award letter
- _____ Health and Human Services District Office – provide proof if receiving the following assistance...
 - Food Stamps \$ _____
 - APTD \$ _____
 - FAP \$ _____
 - Childcare Assistance or any other programs available. \$ _____
- _____ CAP - Fuel Assistance \$ _____ (you must apply) EAP Discount % _____ (you must apply) #279-4096
- _____ Injury or Illness – Doctor Note stating if and when you can return to work.
- _____ Unemployment Compensation - \$ _____. Provide proof if you were denied.
- _____ Picture ID (Adults); SS card /Birth Certificate (minors), if available
- _____ Vehicle registration
- _____ Bank Account (must be a Current Complete Bank Statement)
- _____ Child Support Received / statement and court order
- _____ Room-mate(s) – statement regarding division of expenses

Please understand that **failure to provide** the indicated information **may result in delay and/or denial** of your request for assistance, and further understand that if approved for assistance you may be required to do a job search and participate in the Town of Meredith Workfare Program.

Linda Labraney, Finance Officer
Town of Meredith
603-677-4206
llabraney@meredithnh.org



Town of Meredith

41 Main Street
Meredith, NH 03253
603-677-4206
fax 603-556-8816

APPLICATION FOR GENERAL ASSISTANCE

Date of Application _____ Referred by: _____

Name _____ Street Address _____

Mailing Address _____

Home Telephone # _____ Work Telephone # _____

Applicant's Birth date _____ Social Security # _____

Marital Status (CIRCLE ONE): Single Married Separated Divorced Widowed

Name of spouse/companion/roommate: _____

Companion's Birth date _____ Social Security # _____

<u>List all members of your household</u>	<u>DOB</u>	<u>Age</u>	<u>Relationship</u>	<u>Social Security #</u>
---	------------	------------	---------------------	--------------------------

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

Address for the past two years

_____	_____	_____	_____
Town	Street	From	To

_____	_____	_____	_____
Town	Street	From	To

Name of Current Landlord _____ Amount of rent _____

Date rent due _____ Date last paid _____

Your father's name _____

Your mother's name _____

Address _____

Address _____

Employer _____

Employer _____

Companion's father's name _____

Companion's mother's name _____

Address _____

Address _____

Employer _____

Employer _____

Applicant Work record for last two years (most recent employer first)

Employer name and address _____

Type of work _____ Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Employer name and address _____

Type of work _____ Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Spouse/Roommate most recent employer first

Employer name and address _____

Type of work _____ Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Employer name and address _____

Type of work _____ Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Military Service

Branch of Service _____

Date of Entry _____

Are you considered a veteran: ____ Yes ____ No

Do you have a military disability: ____ Yes/No

Do you have a discharge: ____ Yes ____ No If yes, monthly payment received: _____

Resources of Household

Savings Account Balance \$ _____ at _____ Bank.

Checking Account Balance \$ _____ at _____ Bank.

Automobile Payment \$ _____ Make/Model _____.

Do you have or will you receive any of the following:

HOUSEHOLD INCOME	AMOUNT	HOUSEHOLD INCOME	AMOUNT
Temporary Aid to Needy Families TANF	_____	Annuity/Trust Fund	_____
Aid to permanently/temp disabled APTD	_____	IRA, CD'S Etc.	_____
Weekly Gross Pay	_____	Subcontracting Jobs	_____
Social Security SSI/SSD	_____	Relatives/Boarders	_____
Unemployment	_____	OAA-Old Age Assistance	_____
Workers Comp	_____	Settlement Monies	_____
Child Support Payments	_____	VA-Benefits	_____
Natl. Guard-Severance Pay	_____	Food Stamps	_____
Private Disability Insurance	_____	WIC	_____
Private Pension	_____	Fuel Assistance	_____
Other Income	_____	Other Income	_____

Monthly household requirements

Rent \$ _____ Food \$ _____ Fuel \$ _____ Electricity \$ _____

Medications \$ _____ Telephone \$ _____ Insurance \$ _____ Other \$ _____

Cigarettes \$ _____ Dining Out \$ _____ Cable TV \$ _____ Alcohol \$ _____

Requesting Assistance with:

Assistance requested \$ _____ for _____

Reason for request _____

Time Frame = You must reapply each time you have a request for assistance from the Town.

Applicant's Understanding to Repay Town

I UNDERSTAND and I SHOULD REPAY the TOWN of MEREDITH for...
ANY ASSISTANCE I'M GIVEN, IF I'M ABLE.
The TOWN of MEREDITH RESERVES THE RIGHT to INSPECT YOUR PREMISES...
between the HOURS OF 8:00am to 8:00pm Monday thru Friday.
I UNDERSTAND that if I own property the TOWN WILL PLACE a GENERAL ASSISTANCE LIEN on
my PROPERTY for any ASSISTANCE I'M GIVEN.
I HEREBY AFFIRM that all the INFORMATION STATED HEREN is...
TRUE to the BEST of my KNOWLEDGE and BELIEF, and that
I MAY be SUBJECT to PENALTIES for MATERIAL MISREPRESENTATION.

Signature

Witness

Signature

Witness

Applicant's Authorization to Furnish Information

I AUTHORIZE and REQUEST, any RELATIVE, PHYSICIAN, LAWYER, BANKER, EMPLOYER, INSURANCE
COMPANY, FRATERNAL ORDER, or any other SUCH PERSON or ORGANIZATION having information concerning
my ELIGIBILITY for GENERAL ASSISTANCE to FURNISH such INFORMATION to the OVERSEER of WELFARE.

Signature

Witness

Signature

Witness

Applicant's Understanding to keep assistance granted by Town confidential

I UNDERSTAND and I SHOULD NOT share the amount of assistance granted by the TOWN of MEREDITH to
FRIENDS, NEIGHBORS and or RELATIVES. This is CONFIDENTIAL INFORMATION and bragging or boasting can
cause others to be JEALOUS OR ANGRY if they didn't qualify for assistance. Please do NOT share information of the
Town of Meredith assisting your household with its basic needs unless it's with another agency requesting the
information.

Signature

Witness

Signature

Witness

Town of Meredith

Authorization for the Release of Information – DHHS

I, _____, the undersigned, understand that from time to time,

Print Your Name

the local welfare administrator for Meredith may require certain information about assistance I am applying 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 application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, 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 above 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

TITLE LXII
CRIMINAL CODE
CHAPTER 641

Falsification in Official Matters
RSA 641:3

641:3. Unsworn Falsification—A person is guilty of a misdemeanor if:

I. He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or

II. With a purpose to deceive a public servant in the performance of his or her official function, he or she:

- (a) Makes any written or electronic false statement which he or she does not believe to be true; or
- (b) Knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
- (c) Submits or invites reliance on any writing which he or she knows to be lacking in authenticity; or
- (d) Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he or she knows to be false.

III. No person shall be guilty under this section if he or she retracts the falsification before it becomes manifest that the falsification was or would be exposed.

Source. 1971, 518:1. 158:2, eff. June 17, 2003.

I / We, _____ have received a copy of this statement. I understand that the Town of Meredith General Assistance Officer or person acting on behalf of the General Assistance Officer may refer cases to Meredith Police Department for further investigation after giving the applicant/recipient the opportunity to verify and explain suspicious information.

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____