

**NOTICE TO ANYONE
RECEIVING ASSISTANCE FROM
THE TOWN OF DANBURY NH**

You have the following rights:

1. You have a right to make a **WRITTEN APPLICATION** for assistance, even if the Town's Welfare Official informs you that you are not eligible.
2. You have a right to receive a **PROMPT WRITTEN DECISION** within five (5) working days 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 five (5) working days after you receive your decision.
5. You have a right to have a **HEARING** to present your case. Hearings will be scheduled within seven (7) working days upon receipt of your request.
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 town's Welfare Official 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 care for 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.

**TOWN OF DANBURY
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. If you are unable to obtain the requested verifications, we will discuss with you alternative means of providing the required proof.

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. plus a divorce decree or marriage license.
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 stubs, 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 the date and amount of first paycheck.
4. **Proof of all allowable bills:** That you are paying (rent, electric, food, gas, babysitter, prescriptions, and heat).
5. **Proof that you have applied for the following or termination notice:** Welfare (state, city, county) AFDC, Food Stamps, Workers compensation, unemployment compensation, social security, APTD, fuel assistance.
6. **Proof of any personal property:** (Vehicle registrations, house deeds, trailer deeds, ECT.)
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. **Statement that parent, spouse or children cannot help financially** (See RSA: 165:19).
10. Original prescription must be present if requesting assistance with medications.
11. For this program, spouse, significant other, housemate are defined as the same.
12. Other: _____

FORM A
TOWN OF DANBURY NH
APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

Marital Status _____ Rent or Own? _____ How long at this address? _____

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

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

Where? _____ Under what name? _____

List below all persons living in your household:

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

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

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

5. Household Income

Indicate 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	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other: []	_____	_____	_____	_____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

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

6. 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.)

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 _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

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

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Reparis _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

7. 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 of 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 _____

8. Liability for Support Information

Please provide following details:

Your father _____ Address _____

Your mother _____ Address _____

Co-applicant father _____ Address _____

Co-applicant mother _____ Address _____

Your or co-applicant's adult children _____

9. Certifications 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 165:28).

I hereby certify that if I have a lawsuit, workers-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 which I receive within six years of receiving municipal assistance. (RSA 165:28-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 verification to prove the information requested on this application. I hereby certify that all 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 641:3) and/or Theft By Deception (RSA 637:4, :11).

I understand that any relative in the line of father, mother, step-father, step-mother, son, daughter, husband, or wife may be called upon to provide my needed assistance if they can do so without financial hardship to them. (RSA 165:19).

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).

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form (if not applicant)

Date

RENTAL INFORMATION

TO THE TENANT: This form, completed by your landlord, must be brought to your interview.

TENANT'S NAME: _____

TENANT'S ADDRESS: _____

DATE OCCUPANCY BEGAN: _____

RENT AMOUNT: _____ WEEK/MONTH

RENT INCLUDES _____ HEAT _____ HEAT & LIGHTS _____ NO UTILITIES

NUMBER OF BEDROOMS: _____ # OF PERSONS IN UNIT: _____

Is there any Government subsidy received on the tenant's behalf?
_____ YES _____ NO

If yes, give amount, frequency and type: _____

APPROVED BY: (Landlord or Agent's Signature) _____

Address _____ Phone _____

INFORMATION RELEASE

I UNDERSTAND THAT AS PART OF THE ADMINISTRATION OF THIS PROGRAM, THE TOWN/CITY MAY VERIFY INFORMATION I HAVE PROVIDED ON THE APPLICATION AND ANY OTHER INFORMATION THAT WOULD AFFECT MY ELIGIBILITY. MY SIGNATURE BELOW AUTHORIZES THE TOWN/CITY TO OBTAIN VERIFICATION FROM ANY PERSON OR ORGANIZATION HAVING INFORMATION CONCERNING MY CIRCUMSTANCE, INCLUDING ANY RELATIVE, PHYSICIAN, LAWYER, BANKER, EMPLOYER OR INSURANCE AGENCY AND AUTHORIZE THE RELEASE OF SUCH INFORMATION TO THE TOWN/CITY. A PHOTOCOPY OF THIS SIGNED RELEASE MAY BE USED IN PLACE OF AN ORIGINAL.

SIGNATURE OF APPLICANT

SPOUSE/CO-APPLICANT

DATE