TOWN OF SWANZEY

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To: General Assistance Applicants
From: Jessica Russell – Welfare Director (603)352-7411 x110
Subject: Application for Assistance from the Town of Swanzey

Hours: Tuesday & Thursday 8:00am – 3:00pm

Please read all information below before submitting application for assistance.

Attached to this memo you will find an application packet which needs to be completed before you can apply for assistance from the Town. The packet contains the following:

- **Application Form -** Completed and signed by you and your spouse/significant other.
- **Authorization Form -** Signed by you and your spouse/significant other.
- **Rental Verification Form -** To be completed by your landlord.

You **MUST** provide copies of all bills/receipts: electric bill, phone bill, cable/internet bill, heating bill, car payment, mortgage/rent payment, prescription costs.

You **MUST** provide proof of **ALL** household income for all household members 18 and older: 4 weeks of current paystubs, most recent SSDI/SSI award notice, VA income, child support payments received, notice of decisions from other agencies that you are receiving benefits from, and any other income including but not limited to pensions, retirement benefits, workman's comp, etc.

Please return the completed application along with **ALL** required verifications to the Welfare Official at the Town Hall.

Your application WILL NOT be reviewed if it is not completed in its entirety and WILL NOT be processed until all required documentation is received.

Emergency cases will be seen immediately. All other cases will be reviewed within 3 business days of receipt of completed application. Incomplete applications or missing verifications may delay the processing of your application.

IN CASES OF SEVERE EMERGENCY, such as disconnection of utilities, lack of heat, housing or food, please advise the office as soon as possible so that the situation can be dealt with promptly and ensure that no one's health or safety is jeopardized.

TOWN OF SWANZEY, NH
REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____

Social Security Number: _____ D.O.B.: _____

Address: _____ Phone: _____

APPOINTMENT DATE/TIME: _____

VERIFICATION DUE DATE: _____

You MUST provide the following verification/documentation.

_____ Completed Application
_____ Rental Verification (attached) and copy of any written lease agreement
_____ Last four weeks' pay-stubs or other proof of net wages for all adult members of household
_____ Last four weeks' receipts or other proof of bills paid or currently due, utility disconnect notices
_____ Proof of childcare expenses
_____ Most recent Social Security award notice
_____ Most recent Notice of Decision from DHHS showing current benefits received
_____ Proof you have applied for / are receiving Fuel Assistance benefits
_____ Verification of injury or illness from doctor
_____ Proof you have applied for / are receiving Unemployment Compensation
_____ Picture ID (Adults); Birth certificate/SS card (all household members)
_____ Vehicle registration
_____ Most recent savings and/or checking accounts (all pages)
_____ Child support order
_____ Statement from roommate(s) regarding division of expenses
Other: _____

You may apply for assistance once a month.
You must complete a monthly intake form and have an appointment each month.

You must bring current documents listed above to each appointment; failure to provide the requested documentation may result in delay and/or denial of any request for assistance.

TOWN OF SWANZEY, NH
BASIC NEEDS POLICY

Per Municipality Welfare Guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for Municipal General Assistance. The Welfare Department will direct the applicant/recipient to apply for all other resources and also will require the applicant/recipient to use current resources to meet basic needs in order to reduce the need for Municipal General Assistance.

Under continuing Municipal General Assistance or in applying in the future, you will be required to use your earned or unearned resources for allowable basic need expenses only. **ALLOWABLE EXPENSES** are:

Rent/Mortgage	Diapers
Food	Electric/Heating Bills
Non-food hygiene products	Prescriptions

These costs are allowed for certain conditions:
Public Transportation for work, medical or assistance program appointments.
Telephone basic service to find or keep employment.

The following are examples of **UNALLOWABLE** expenses in determining eligibility:

Telephone beyond basic service for 1 per household.	Bail payments.
Credit Card Payments	Repayment of Personal Loans
Loan Payments	Restaurant/Fast Food
Cable & Internet	Tobacco/Alcohol products
Insurance Payments	Entertainment/Movie Services

As a condition of assistance, you will be required to first use all available resources, as directed, to meet your basic needs. Unaltered, dated receipts for these expenses may be required. Should you choose to use your resources for other than basic needs as outlined above and/or in your written decision from the Welfare Official, those amounts will be considered available to you and your assistance will be reduced accordingly and a sanction or denial may be issued.

I/We have read and reviewed the Basic Needs Policy with the Welfare Administrator.

_____ _____

Applicant Signature **Co-Applicant Signature**

_____ _____

Date **Date**

TOWN OF SWANZEY
NOTICE OF RIGHTS AND RESPONSIBILITIES

Responsibility of Each Applicant and Co Applicant / Recipient

At the time of initial application, and at all times thereafter, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19;
2. To notify the welfare official promptly when there is a change in needs, resources, address, household size or employment status within 72 hours or less;
3. To apply for immediately, but no later than 7 days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general assistance. RSA 165:1-b, I (d);
4. To keep all appointments and/or communications as scheduled;
5. To provide records and other pertinent information and access to said records and information when requested;
6. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search (the number of work search contacts to be determined by the welfare official), to accept employment when offered (except for documented reasons of good cause (RSA 165:1-d)), and to maintain such employment. RSA 165:1-b, I (c);
7. Following a determination of eligibility for assistance, to participate in the workfare program (workfare) if physically and mentally able. RSA 165:1-b, I (b); and,
8. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification

Any recipient may be denied or terminated from general assistance, in accordance with the above or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

Rights of Each Applicant and Co-Applicant / Recipient

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you 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 five (5) working days after you received 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 already receiving assistance when 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.

TOWN OF SWANZEY

APPLICATION FOR GENERAL ASSISTANCE

Date Received: _____

Appointment Date: _____

ASSISTANCE REQUESTED:

Rent for the month of: _____ First Month's Rent: _____ Prescription: _____

Electric: _____ Heat: _____ Other: _____

Current Address:_____

If less than 1 year, where did you reside last:_____

Explain why you need Town Assistance:_____

Applicant Full Name: _____ Social Security #: _____

Date of Birth: _____ US Citizen: ___Yes ___No Marital Status: _____

Phone Number: _____ Email Address: _____

Ethnic Origin: _____ Gender: Male / Female / Non-Binary

Have you served in the Military?_____ If so, which branch of service? _____ Discharge Date: _____

Do you have health insurance? _____ If so, type? _____ ID#: _____

Co-Applicant Full Name: _____ Social Security #: _____

Date of Birth: _____ US Citizen: ___Yes ___No Marital Status: _____

Phone Number: _____ Email Address: _____

Ethnic Origin: _____ Gender: Male / Female / Non-Binary

Have you served in the Military?_____ If so, which branch of service? _____ Discharge Date: _____

Do you have health insurance? _____ If so, type? _____ ID#: _____

OTHER HOUSEHOLD MEMBERS:

If you are in a relationship, you are considered a household. All members must be listed on the application form.

Name	Date of Birth	Social Security #	US Citizen?	Gender	Insurance

HOUSING INFORMATION – Please complete all questions

Circle One: Apartment / House / Room / Other _____ Circle One: Rent / Own Move-In Date: _____

Rent Amount: $_____ per week / month Amount Paid for Current Month: $_____

**Total Outstanding Rent Owed: _____

Do you have a current rental lease? Y / N List All Roommates: _____

Utilities Included in Rent: Heat / Electric / Gas / Hot Water

Whose name is listed on your Eversource bill: _____ Account #: _____

Do you have a Demand for Rent or Eviction Notice? Y / N

Do you live in subsidized housing? Y / N

Landlord Name: _____ Landlord Phone Number: _____

Landlord Email Address: _____

Relationship to Landlord: _____

HOMEOWNER INFORMATION – Complete only if you are a homeowner

Monthly Mortgage Amount: $_____ Current Arrearage Owed: _____

Mortgage Company: _____

Address: _____

Account #: _____ Do you have a foreclosure notice: Y / N

Signature of Property Owner: _____Date: _____

Signature of Co-Owner: _____Date: _____

PLEASE NOTE:

Homeowners who are assisted by the Town of Swanzey are subject to a lien being placed on their property until such a time that the assistance can be reimbursed in full.

EMPLOYMENT – List all current employment for ALL household members over the age of 18.

Employer	Position	Start Date	End Date	Reason for Leaving	Date & Amt. of Last Pay

_____ I am not currently employed due to a disability, and I am receiving or have applied for SSI, SSDI, and/or APTD

OTHER HOUSEHOLD INCOME:

List any income or benefits received from any source or applied for by ANY household members.
If assistance is pending, please indicate the date applied.

Type of Assistance	Who Receives	Monthly Amount	Date Last Received	Date Applied
APTD/TANF/ANB				
Child Support				
Food Stamps				
Fuel Assistance				
Gifts/Inheritances/ Relatives				
Long/Short Term Disability				
Pension				
SSA/SSDI				
SSI				
Tax Refund				
Unemployment Compensation				
Worker's Comp				
Other				

HOUSEHOLD ASSETS:

You must provide information regarding ALL accounts held by you and ALL household members. You must provide a **DETAILED BANK** statement.

Who Owns Acct.	Name of Bank / Credit Union	Checking Acct. #	Current Balance	Savings Acct. #	Current Balance

Do you own a car? Y / N You **MUST** provide a registration for every vehicle that you own.

Owner of Vehicle	Make	Model	Year	$ Value	Amount of Payment	Insurance Payment

Do you own any recreation vehicles? Y / N

Motorcycle $_____ Boat $_____ ATV $_____ Snowmobile $_____ Camper $_____

Do you own other Real Estate (whether yourself or in a trust)? Y / N If so, where?_____ Value $_____

Provide current value of any assets held by you and all household members:

Cash on Hand (combined household)	$_____	Annuities	$_____
Certificates of Deposit (CD's)	$_____	Stocks	$_____
Savings Bonds	$_____	Retirement/IRA	$_____
Mutual Funds	$_____	401K	$_____
Insurance Policies	$_____		
Other Investments/Trusts	$_____		

Claims/Settlements/Income due to you or any household member:

Do you (the applicant) have a lawsuit pending? Y / N

Lawyer Name & Address: _____

Nature of Lawsuit: _____

Please note: If you have a lawsuit pending, the Town of Swanzey will complete an Assignment of Right form to place a lien on your settlement amount, if any.

Applicant's Initials: _____ Co-Applicant's Initials: _____

HOUSEHOLD EXPENSES:

List actual monthly expenses that you paid last month to show your financial situation

Expense	Cost per month	Expense	Cost per month
Auto Fuel	$ _____	Electric	$ _____
Auto Insurance	$ _____	Food	$ _____
Auto Loan	$ _____	Health Ins.	$ _____
Auto Reg.	$ _____	Home Ins.	$ _____
Auto Repairs	$ _____	Laundry	$ _____
Internet	$ _____	Legal Fees	$ _____
Campground	$ _____	License	$ _____
Child Care	$ _____	Life Ins.	$ _____
Child Support	$ _____	Medical Ins.	$ _____
Clothing	$ _____	Oil Heat	$ _____
Collections	$ _____	Pet Care	$ _____
Credit Card	$ _____	Prescriptions	$ _____
Dental	$ _____	Propane	$ _____
Diapers/Wipes	$ _____	Storage Unit	$ _____
Dining Out	$ _____	Taxes IRS	$ _____
Other _____	$ _____	Other _____	$ _____

Please explain what out of the ordinary expenses that you paid that you paid that caused you to have difficulties paying your normal monthly expenses?

_____

_____

Do you feel that you will be able to pay your expenses next month? Y / N If not, why?_____

_____

_____

Have you applied for all available services to help you with your expenses? (DHHS Assistances, Unemployment Benefits, Fuel/Electric Assistance, etc.)? Outcome? _____

_____

_____

RSA 165:19 – LIABILITY FOR SUPPORT INFORMATION:

The relation 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. Said relations shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. 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. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

THIS SECTION IS REQUIRED BY LAW AND MUST BE COMPLETED IN FULL

APPLICANT

Your Father _____ Address _____ Phone _____
Deceased: Y / N
Your Mother _____ Address _____ Phone _____
Deceased: Y / N

CO-APPLICANT

Your Father _____ Address _____ Phone _____
Deceased: Y / N
Your Mother _____ Address _____ Phone _____
Deceased: Y / N

APPLICANT'S/CO-APPLICANT'S ADULT CHILDREN

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

CERTIFICATIONS / 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 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, 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 which I receive within six years of receiving municipal assistance. (RSA 165:28a). I certify that the information provided is complete to the best of my knowledge. I understand I have to provide documents and verification to the Welfare Office to make a determination. I certify all information I provide is truth in disclosing information. If I knowingly give false information or withhold information, will be prosecuted for Unsworn Falsification (RSA 641:3), If I become employed after I receive assistance and later quit the job without good cause, I will be ineligible for assistance from the Town and other NH Municipalities for up to 90 days (RSA 165:1-d). I understand if I receive TANF (Temporary Aid to Needy Families) and I fail to comply with TANF regulations, leading to a sanction and loss of income, The Town may, under certain circumstances, disregard this decrease in my income (RSA 165:1-e).

_____ _____

Applicant Signature **Date**

_____ _____

Co-Applicant Signature **Date**

(additional signatures required on reverse page)

AUTHORIZATION TO RELEASE / FURNISH INFORMATION

I/We, _____, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

Applicant
Print Name:

_____

Signature:

_____

Date:

_____

Co-Applicant
Print Name:

_____

Signature:

_____

Date:

_____

_____ _____ _____

Signature of person completing form (if not the applicant) | Print Name | Date

** The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the Swanzey Welfare Administrator or up to six (6) months after assistance has ended.*

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

THIS FORM IS FOR ASSESSMENT OF ELIGIBILITY. A FINAL ELIGIBILITY OF RENT ASSISTANCE MAY NOT BE YET DETERMINED. A WRITTEN NOTICE OF DECISION WILL BE GIVEN TO YOUR TENANT.

Tenant's Name: _____ Date:_____

Address: _____
(Number/Street) (Apt. #) (City) (State)

Number of adults in apartment: _____ Number of children in apartment: _____

List of people in apartment:

_____

_____

_____

Occupancy date: _____ Security Deposit: Amount: $ _____ Date paid: _____

Rent amount: $ _____ ; paid _____ monthly _____weekly _____other _____

Number of Bedrooms:_____ If subsidized rent, please list tenant portion: $_____

Rent Includes: _____All utilities _____No Utilities _____Hot Water _____Heat _____Electric

Type of Heat: _____Electric _____Oil _____Gas _____Other _____

Date last rent was paid:_____Amount Paid: $ _____ Back rent owed: $ _____

(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # <u>must</u> be provided:

Tax ID #: _____**OR** Social Security #: _____

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

_____ _____
Landlord's Name Telephone / Fax Numbers

_____
Landlord Address

_____
Name of Manager or Other Representative