

TOWN OF LISBON, NEW HAMPSHIRE
Incorporated 1763

OFFICE OF SELECTMEN
46 School Street

Lisbon, New Hampshire 03585

Scott L. McKinley
Welfare Director

Tel: 603-838-6376
Fax: 603-838-6790

WELFARE DEPARTMENT

Dear Applicant:

This letter of introduction is an aid to the process in obtaining service from the Town of Lisbon Welfare Assistance Program. Enclosed in this application packet with the required information that needs to be completed and brought with you at the time of your first appointment along with the requested information on the enclosed checklist.

The welfare program has seen several changes due to the elimination of the Town administrator's position. As of July 1, 2014 I have been appointed as the welfare administrator for the Town of Lisbon, and I am also the Sergeant for the Police Department on a part-time basis. I want to thank you in advance for your patience and your request for assistance will be dealt with in a timely manner.

Monday – Friday

9:00 – 12:00 PM

1:00-4:30 PM

The Town Office's are closed for lunch and I ask that you not interrupt their lunch hour.

On the date you receive your application the office staff will assign an initial meeting with me. I ask that all the information and questions on the application be complete. If you need assistance in completing this application feel free to contact the Town Clerk and I will contact you as soon as I receive your request for help. I also would like you to be aware that the office staff will not answer any questions. If for any reason there is transportation, medical, or underlying issues that you cannot make it to the Town Offices, arrangements will be made to accommodate. Thank you for your time and please contact the office with any questions.

Sincerely,

Scott L. McKinley

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THIS APPLICATION IS A LEGAL DOCUMENT

Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material become the property of the TOWN OF LISBON and shall be considered confidential.

It shall be the right of any individual regardless of race, age, gender, sexual orientation, religious or political affiliation to apply for local welfare assistance.

Each application will be reviewed with the applicant in order to make a determination regarding the applicant's eligibility for assistance. If the applicant does not agree with the decision of the Welfare Administrator regarding the determination of eligibility based on the current Welfare Guidelines of the TOWN OF LISBON, the applicant may request a Fair Hearing within five (5) days of the date of such written decision.

YOU, THE APPLICANT, ARE RESPONSIBLE AT EACH APPOINTMENT FOR PROVIDING FULL AND ACCURATE INFORMATION REGARDING YOUR HOUSEHOLD INCOME AND EXPENSES, HOUSE-OLD MEMBERS, CURRENT ADDRESS, DETAILS OF YOUR CURRENT SITUATION, AND ANY CHANGES IN REGARDS TO THIS INFORMATION.

All questions must be answered fully. Failure to complete any part of this application may delay processing the request for assistance. Blank spaces will be considered an omission of information.

Applicants must comply with any requests for information by the Welfare Administrator necessary for determination and investigation of applicant's eligibility for assistance. Failure to comply with requests may result in withdrawal of the application for assistance, denial of assistance requested, or suspension pursuant to RSA 165:1- b.

* If a question on this form is unclear to you, discuss it with the welfare official.

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred By _____

Assistance Requested _____

Reasons for Request _____

1. General Information

Applicant

Name:- _____ Date of Birth: _____

Current Address _____

Mailing Address, if different _____

Home Phone _____ Rent or Own? ___ How long, at this address? _____

Type of Housing: _ House _ Apt _ Mobile Home Other: _____

Household composition: # 18 & over _____ # under 18 _____ # of Bedrooms _____

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

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

_____	_____	_____	_____
_____	_____	_____	_____

Cell Phone: _____ Work Phone: _____ Social Security# _____

E-Mail Address: _____ Marital Status: _____

Education: _ High School Diploma _ Less than HS Diploma _ GED _ Some College
 2 Year Associates _ 4 Year Bachelor _ Graduate Studies

Citizenship: _ United States _ other: _____

Ethnicity: _ White/Caucasian _ Other: _____

Special Training/Skills: _____

Currently employed? _ Full Time _ Part Time _ self Employed _ Unemployed

Have you applied for local assistance before? _ Yes _ No When? _____

Where? _____ Under What Name? _____

Actively serving in the U.S. Military? _ Yes _ No If YES, Branch _____

U.S. Veteran? _ Yes _ No Discharge Date: Month _____ Year _____
Discharge Status: _ Honorable _ Dishonorable _ Other

Do you have Medicare or Medicaid? (circle one) ID Number: _____

Other Insurance' _____ EBT Card # _____

2. Employment History

Applicant

Employer _____ Position _____

Date you started work: _____ Date & Amount of last paycheck: _____

Pay Period Frequency: Daily Weekly Di-weekly Monthly Quarterly

If you are currently-unemployed, state reason: _____

Former Employer _____ Position _____

Date last worked _____ Date & Amount of last paycheck: _____

Are you able to work now? Yes No If NO, why not? _____

List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

S p o u s e / C o - A p p l i c a n t

Employer _____ Position _____

Date you started work: _____ Date & Amount of last paycheck: _____

Pay Period Frequency: Daily Weekly Bi-weekly Monthly Quarterly

If you are currently unemployed, state reason: _____

Former Employer _____ Position _____

Date last worked: _____ Date & Amount of last paycheck: _____

Are you able to work now? Yes No If NO, why not? _____

List two most recent jobs before current:

Employer	Pay	Employment Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

Work History for Other Household Members over 18: List two most recent jobs

Name	Employer	Pay	Employment Dates	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Housing information

Rent \$ _____ per (month/week) Date last paid _____ Date Due _____

Currently have: _____ Demand for Rent/Notice to quit _____ Landlord/Tenant Writ

Total Rent Owed _____

Do you have a housing subsidy? _ Yes _ No If YES, how much? _____

Utilities Included: _ Heat _ Electric _ Gas _ Water/Sewer _ other _____

LANDLORD: Name _____ Telephone _____

Address _____

IF HOME-OWNER:

Mortgage Payment: _____ Date last paid _____ Date Due _____

Bank/Mortgage Co _____ Telephone _____

Address _____

4. Household Assets _____ Do you have a foreclosure notice? _ Yes _ No

Provide account information & current balances held by all household members:

Household Member	Bank/Credit union	Savings Acct. #	Checking Balance Acct. #	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide current value of the following assets held by all household members:

Asset _____ value _____ Household Member _____

Cash on Hand (household combined) _____

Certificates of Deposit (CDs)

Retirement

401(k)

Life Insurance (Cash value)

Investments

Time share

Real Estate

List Properties and Locations (other than primary residence) _____

Motor vehicles owned by you and all household members:

Owner	Auto Make/Model	Year	Value	Payments	Insurance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Claims/ Settlements/ Income due to you or any household member

IRS Refund: _____ Date Rec: _____ Insurance Claim: _____ Date Rec: _____

Retroactive disability check: _____ Date Rec: _____

Retroactive Unemployment or worker's Compensation check: _____ Date Rec: _____

Inheritance: _____ Date Rec: _____

Other Lump sum Payment (explain): _____

Do you currently have an attorney pursuing any civil suit, workers Compensation Claim, a social security denial, etc.? Yes No If YES, complete the following, and briefly explain the details of the situation:

Attorney Name _____ Phone number _____

Address _____

6. Household Income/ Benefits

Indicate any income or benefits received or applied for by you or any household member:

Income:	Household Member	Amount	Date Last Received
ANB (Aid to the Needy Blind)	_____	_____	_____
APTD (Aid to Perm/Totally Disable)	_____	_____	_____
Child support	_____	_____	_____
Charities/churches	_____	_____	_____
Disability (STDA/LTDA - work)	_____	_____	_____
Gifts/Loans	_____	_____	_____
Income Tax Refund	_____	_____	_____
Maternity Pay/Benefits	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____
Retirement Benefit	_____	_____	_____

Income (continued):	Household Member	Amount	Date Last Received
Severance Pay	_____	_____	_____
Social Security (Retirement)	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____
SSI (Supplemental security)	_____	_____	_____
TANF	_____	_____	_____
Unemployment (DES)	_____	_____	_____
Veteran's Pension	_____	_____	_____
Worker's Compensation	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

Benefits:

Child Care Assistance	_____	_____	_____
Food Stamps	_____	_____	_____
Fuel Assistance	_____	_____	_____
Medicaid	_____	_____	_____
WIC (women/Infants/Children)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

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

Name	Agency Name and Phone#	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Household Expenses

List actual or estimated regular expenses. (Not all expenses are allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Expense	Monthly Expense	Any Amounts Past Due	Comments
Auto Fuel	_____	_____	_____
Auto Insurance	_____	_____	_____
Auto Loan	_____	_____	_____
Auto Registration/Inspection	_____	_____	_____
Auto Repairs	_____	_____	_____
Bank Fees	_____	_____	_____
Condo Assoc Fee	_____	_____	_____
Child Care	_____	_____	_____
Child Support Paid	_____	_____	_____
Credit card	_____	_____	_____
Dental Care	_____	_____	_____
Diapers/Wipes	_____	_____	_____
Driver's License	_____	_____	_____
Electric	_____	_____	_____
Food	_____	_____	_____
Legal Fees/Fines	_____	_____	_____
Loan (Used for _____)	_____	_____	_____
Oil Heat	_____	_____	_____
Propane (Used for _____)	_____	_____	_____
Natural Gas (Used for _____)	_____	_____	_____
Health Insurance	_____	_____	_____
Home Repairs	_____	_____	_____
Home/Renter Insurance	_____	_____	_____
Laundry	_____	_____	_____
Medical Expenses	_____	_____	_____
Mortgage	_____	_____	_____
Prescriptions	_____	_____	_____
Rent (Including _____)	_____	_____	_____

Expense (continued)	Monthly Expense	Any Amounts Past Due	Comments
Rent - Option to Own			
Rent - MH Lot			
Storage Unit			
Taxes (Income/Property)			
Telephone (Landline/cell)			
Telephone (cable/Internet)			
Transportation (Bus/Cab)			
water/Sewer Bill			
Other: _____			

8. Extended Payment Arrangements

Do you or any household members currently Have an EXTENDED PAYMENT ARRANGEMENT with an electric or fuel company? _ Yes _ No If YES, complete the following:

Utility Company Name	Amount	
_____		(Circle one) weekly biweekly monthly
_____		(Circle one) weekly biweekly monthly
_____		(Circle one) weekly biweekly monthly
_____		(Circle one) weekly biweekly monthly

9. Other Assistance

Has any other organization(s) or individual helped, you pay any of your bills in the last four (4) weeks? _ Yes _ No If YES, complete the following:

Organization/individual's Name	Bill Paid	Amount	Date Assisted
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____

10. Criminal Information

Have you or any member of your household ever been convicted of a felony or Misdemeanor which has not been annulled? _ Yes _ No

If YES, complete the following:

Name	Date	Town/City/State	Detail of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or household member presently on parole or probation? _ Yes _ No

If YES, complete the following:

Name	Court	Parole/Probation Officer Name & Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Liability for Support Information

Parents/step-parents, spouse or grown children may be called upon to assist in time of need. Provide the following information:

APPLICANT:	Name	Address	Phone #
Father	_____	_____	_____
Mother	_____	_____	_____
Spouse, if not living with you:	_____	_____	_____

CO-APPLICANT:	Name	Address	Phone #
Father	_____	_____	_____
Mother	_____	_____	_____
Spouse, if not living with you:	_____	_____	_____

Adult Children:

List name, address and phone # of any adult children not living with you:

12. 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, 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 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 my parents/step-parents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves. (RSA 165:19)

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)

Authorization to Release or Exchange Information *

I/ V1,b authorize any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the TOWN OF LISBON Welfare Administrator. The Social Security Administration, the Division of Health & Human Services and the Department of Employment Security may release information in their files to this office. I/ we authorize the TOWN OF LISBON Welfare to release information as requested to the Division of Health & Human Services, Social Security Administration, Department of Employment Security, school personnel, attorney, physician, landlord, other town welfare offices, or any agencies providing supportive services regarding medical, housing/shelter, or financial assistance.

Applicant

Co- Applicant

Print Name

Print Name

Signature: _____

Signature _____

Date: _____

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 TOWN OF LISBON Welfare Administrator or up to six (6) months after assistance has ended.