

Brookline Application for Local Welfare

1. Date _____ email address _____

2. Name _____ Soc. Sec. No. _____

3. Address _____ Telephone _____

4. What needs are you requesting assistance with? _____

5. Age _____ Date of Birth _____ Place _____

6. Marital Status _____ Date of Marriage/Divorce _____

7. Spouse's name _____ SS# _____

Address _____

8. Number in household _____ List below all persons living with you

NAME

RELATIONSHIP

AGE

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 _____ Electricity _____
Water _____ Other _____

Name of Landlord _____

Landlord's Address _____ Telephone _____

11. If you own:

Amount of Mortgage _____ month Date Due _____

Date last paid _____

List all payments included in mortgage (i.e. insurance, taxes)

Name of Bank/Mortgage Company _____

Address _____

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. Work record of applicant

Employed now _____ Where _____

Position _____ Date Employment Started _____

Unemployed _____ Reason _____

Date last worked _____ Where _____

Amount and date of last paycheck _____

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

Work History of Applicant: for the last 5 years, list all employers, dates of employment, position, and reason for leaving.

15. Work record of Spouse/Co-applicant/other household adults

Employed now _____ Where _____

Position _____ When started _____

Unemployed now _____ Reason _____

Date last worked _____ Where _____

Amount and date of last paycheck _____

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

16. Do you or any member of your household have income from any of the following sources?

	Yes	No	Amount
AFDC, APTD, OAA	_____	_____	_____
Worker's Compensation	_____	_____	_____
SSI	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Annuity or Trust Fund	_____	_____	_____
Income from relatives or boarders	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Child Support	_____	_____	_____
Food Stamps	_____	_____	_____
Other (source and amount)	_____	_____	_____

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

Source _____

When _____

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

Savings account (bank/amount) _____

Checking account (bank/amount) _____
Cash on hand (amount) _____
Stocks/bonds/securities _____
Real Estate (other than listed in question 11) _____

Motor vehicle (s) (year, make, and payments of each) _____

Other _____

19. Do you expect to receive a tax refund or any type of settlement? _____

20. Household expenses:

Rent/Board/Mortgage _____	per month/week _____	Due date _____
Food (weekly) _____		
Heat _____		
Electric _____	Due date _____	
Telephone _____	Due date _____	
Cooking fuel _____	Due date _____	
Medical _____	Due date _____	
Maintenance (weekly) _____		
Transportation _____		
Other _____		

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

Applicant's father _____ Address _____

Employer _____ Does he own real estate? _____

Applicant's mother _____ Address _____

Employer _____ Does she own real estate? _____

Spouse/Co-applicant's father _____ Address _____

Employer _____ Does he own real estate? _____

Spouse/Co-applicant's mother _____ Address _____

Employer _____ Does she own real estate? _____

TOWN OF BROOKLINE, NEW HAMPSHIRE

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 and belief.

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.

Signature of Applicant

Signature of Spouse/Co-applicant

Signature of person completing form
(if not applicant)

Date

REIMBURSEMENT AGREEMENT

I acknowledge that I may be required to repay any assistance provided if I am returned to an income status which enables me to reimburse the town without financial hardship.

Signature of Applicant

Signature of 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 _____
Address _____

Name _____
Address _____

Phone _____

Phone _____

Signature of Applicant

Signature of Spouse/Co-applicant

Date

Date

TOWN OF BROOKLINE, NEW HAMPSHIRE

INFORMATION RELEASE

I understand that as part of the administration of this program, the Town of Brookline may verify information I have provided on the application and any other information that would affect my eligibility. My signature below authorizes the Town of Brookline to obtain verification from any person or organization having information concerning my circumstances, including any relative, physician, lawyer, banker, employer, or insurance company, and authorizes release of such information to the Town of Brookline. A photocopy of this signed release may be used in place of an original.

Signature of Applicant

Signature of Spouse/Co-applicant

Date

TOWN OF BROOKLINE, NEW HAMPSHIRE
NOTICE TO ANYONE RECEIVING ASSISTANCE

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 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 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 are disabled or ill or you must take care of a member of your family who is disabled or ill.

FORM B

TOWN OF BROOKLINE, NEW HAMPSHIRE

VERIFICATIONS REQUIRED FROM APPLICANTS FOR WELFARE

In order to apply for General Assistance, the following information must be brought in at the time of your interview. Only the circled items are required. Failure to make a good faith effort to obtain the required verification may delay processing of your applicant and/or may result in the denial of your application. 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 (picture ID, license, birth certificate, social Security card).
2. Divorce decree or marriage license.
3. Proof of children (birth certificates or SS card).
4. Proof of residence (current rent receipt and/or lease or statement from person you are staying with).
5. Residence/shelter expenses – rent and utilities, etc.
6. Proof of income (current pay stubs, Court ordered support payments, Worker’s Compensation papers, Social Security benefits, AFDC benefits, Food Stamps).
7. Proof of real or personal property – car, motorcycle, trailer, house, etc.
8. Proof of cash resources (savings accounts, checking accounts, etc).
9. A statement signed by you that financial assistance is not currently available from parents or spouse.
10. Termination notice from previous welfare (state, city or county welfare).
11. Other _____

