

**All applications must be hand delivered to the Welfare Department during office hours.**

## **CANTERBURY WELFARE APPLICATION**

TO THE APPLICANT:

If you are requesting any assistance from the Canterbury Welfare Department, you will need to complete this application. Please follow the directions below.

1. All adults in the household must sign all the forms.
2. The landlord's form must be completed by the landlord. Do not fill in the top and give it to your landlord to sign the bottom.
3. All disabled adults living at your address not receiving Social Security disability benefits or APTD benefits, must have the Disability Verification Form completed by their physician.
4. Any recently unemployed adult living at your address must have the employment termination form completed and must have the unemployment benefit form completed by the Unemployment Office.
5. Any adult that has just started a job and who does not have a paycheck yet, must have the New Employment form completed.
6. You will need the last 4 weeks of paychecks for each working adult or the Income Verification form completed for each working adult
7. If you have been working and are now disabled, please have the employment disability benefits form completed by your employer.
8. Page 6 of this application lists the documentations that are required to process your application. Please bring them with you for the interview.

Once you have gathered all the information, call my office at 783-9955 on Monday, Wednesday or Friday between 9:00 – 1:00 for an appointment for an interview. All unemployed adults are expected to attend this interview.

## TOWN OF CANTERBURY – WELFARE APPLICATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List below ALL people living in this household.

|    | Name  | Birthdate | Age   | Birthplace | SS#   |
|----|-------|-----------|-------|------------|-------|
| 1. | _____ | _____     | _____ | _____      | _____ |
| 2. | _____ | _____     | _____ | _____      | _____ |
| 3. | _____ | _____     | _____ | _____      | _____ |
| 4. | _____ | _____     | _____ | _____      | _____ |
| 5. | _____ | _____     | _____ | _____      | _____ |
| 6. | _____ | _____     | _____ | _____      | _____ |

List Names and addresses of your parents.

1. \_\_\_\_\_  
2. \_\_\_\_\_

| Monthly Income    |       | Assets            | Monthly Expenses |       |
|-------------------|-------|-------------------|------------------|-------|
| State Welfare     | _____ | Property          | Rent/Mortgage    | _____ |
| Social Security   | _____ | _____             | Food             | _____ |
| Weekly Net Pay    | _____ | _____             | Electricity      | _____ |
| Unemployment      | _____ | Bank Acct #'s     | Heat             | _____ |
| Workers Comp      | _____ | _____             | Cooking Gas      | _____ |
| Child Support     | _____ | _____             | Gas for Work     | _____ |
| National Guard    | _____ | Life Ins. _____   | RX               | _____ |
| Private Dis. Inc. | _____ | _____             | Misc.            | _____ |
| Private Pension   | _____ | List All Vehicles |                  |       |
| Trust Fund        | _____ | _____             |                  |       |
| Any Other         | _____ | _____             |                  |       |

Has anyone in your household been convicted of a crime? \_\_\_\_\_

Does anyone in your household have a lawsuit pending? \_\_\_\_\_

Name and Address of Attorney: \_\_\_\_\_

I understand that the Town of Canterbury may recover the amount of assistance provided once I have returned to an income status which would allow me to reimburse the Town of Canterbury without hardship. I understand that a lien will be placed on my home for any assistance provided. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief and that I may be subject to penalties for material misrepresentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize and request any Relative, Lawyer, Banker, Insurance Co., Local Welfare Office or any other organization or person having information concerning my eligibility for assistance to furnish such information to the Welfare Director. I have the right to a review if I am not satisfied with the decision. I authorize the Canterbury Welfare Director to release information as required to the Social Security Office, School Personnel, Community Action Program or any person or organization in order to conduct welfare business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TOWN OF CANTERBURY WELFARE RENTAL VERIFICATION FORM

TO THE CLIENT - Take this form to your landlord and have him/her completely fill out the entire form.  
**Do not fill any of form yourself.**

TO THE LANDLORD - Please complete this form and return to your tenant. This form is used to document who is living in this household. *Intentional misrepresentation of household content to assist in Welfare Fraud would be considered Falsification of an Unsworn Document and will be prosecuted under penalty of laws.*

ACCORDING TO THE TOWN OF CANTERBURY WELFARE GUIDELINES – RENT ASSISTANCE WILL BE PAID ONLY ON HOUSING THAT MEETS THE CRITERIA SET FORTH BY THE CODE ENFORCEMENT OFFICE AND THE FIRE DEPARTMENT, AN INSPECTION WILL BE NECESSARY BEFORE RENT IS PAID.

TO THE LANDLORD: If this is a new tenant, please indicate what income of theirs you used to determine their ability to afford this apartment. \_\_\_\_\_

Tenant(s) \_\_\_\_\_

Tenants Address \_\_\_\_\_

Names of ALL people residing at this address \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Date Occupancy Began \_\_\_\_\_

Rent Amount \$ \_\_\_\_\_ per \_\_\_\_\_

Rent Includes Heat \_\_\_\_\_ Electricity \_\_\_\_\_ Gas \_\_\_\_\_

Amount of Deposit Paid \_\_\_\_\_ By Whom \_\_\_\_\_

Date Rent Last Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_

Is there any government subsidy paid on the tenant's behalf? \_\_\_\_\_ If yes, give amount, frequency and type. \_\_\_\_\_

Is there any back rent due? \_\_\_\_\_ How Much? \_\_\_\_\_ What months? \_\_\_\_\_

Are you related in any way to the tenants?

**If you are not incorporated, your social security number is needed for a 1099 tax form.**

Social Security Number: \_\_\_\_\_

Landlords Name: \_\_\_\_\_

Landlords Address: \_\_\_\_\_

Landlords Phone Number: \_\_\_\_\_

Landlords Signature: \_\_\_\_\_

All information above is current to this date of: \_\_\_\_\_

## WORK AND RENTAL HISTORY

List below the work history for each adult household member.

### Head of Household:

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Hourly Rate \$ \_\_\_\_\_ Weekly take-home pay \$ \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### Spouse:

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Hourly Rate \$ \_\_\_\_\_ Weekly take-home pay \$ \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### Other Household Adult:

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Hourly Rate \$ \_\_\_\_\_ Weekly take-home pay \$ \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### Other Household Adult:

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Hourly Rate \$ \_\_\_\_\_ Weekly take-home pay \$ \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

List below the landlord name(s) and address(s) that you have lived during the past 12 months.

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## MONTHLY INCOME AND EXPENDITURES

List below all income received in this household during the past 30 days and list how this income was spent.

Amount Received: \_\_\_\_\_  
From what sources? \_\_\_\_\_  
\_\_\_\_\_

Below list how this income was spent and provide documentation of these expenditures.

| Amount Spent | Date Paid | Type of Expenditure |
|--------------|-----------|---------------------|
| _____        | _____     | _____               |
| _____        | _____     | _____               |
| _____        | _____     | _____               |
| _____        | _____     | _____               |
| _____        | _____     | _____               |
| _____        | _____     | _____               |
| _____        | _____     | _____               |
| _____        | _____     | _____               |
| _____        | _____     | _____               |

I hereby state that the above information is true. I realize that misrepresentation on information on this application on this application may be grounds for suspension or denial of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VERIFICATIONS REQUIRED FROM APPLICANTS FOR ASSISTANCE

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.*

1. **PROOF OF IDENTIFICATION FOR EACH HOUSEHOLD MEMBER.**  
This can be a birth certificate, social security card or picture identification.
2. **PROOF OF RESIDENCE.** The attached rental form must be completed by the Landlord.
3. **PROOF OF INCOME.** You need to verify in writing all income received in the household during the past 4 weeks. This is done by paycheck stubs, Social Security Grant letters, State Welfare decision letters, pension grant letter, etc.
4. **UTILITY VERIFICATION.** Bring in your current months electric bill.
5. **VERIFICATION OF PENDING AID.** Proof of your application to State Welfare, Social Security, Workers' Comp., Unemployment, Fuel Assistance, Short Term Disability, etc.
6. **PROOF OF PERSONAL PROPERTY.** This would be vehicle registrations, house deed, trailer deed, stocks, bonds and any other assets.
7. **PROOF OF CASH RESOURCES.** Current savings and checking accounts for all household members, including children.
8. **DISABILITY VERIFICATION.** If you are unable to work, you will need to prove this by having the medical form completed by your physician.
9. **RSA 16:19** – You need to provide a statement from your parents that they cannot afford to assist you with your financial need at this time.
10. **OTHER ASSISTANCE** - If you have received other assistance from a food closet or CAO office, or a local church or winnings from Bingo, lotteries, loans from friends or relatives, schooling loans or monies or payments from charitable groups; you need to supply the name of the group and the amount of or form of assistance.

## RESPONSIBILITIES OF EACH APPLICANT AND RECIPIENT

At the time of initial application, and all times thereafter while you are receiving assistance, 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 within 72 hours when a change in needs or resources may affect eligibility for continuing assistance.
3. To keep all appointments as scheduled and to return all information that is needed with the specified time frames so that once assistance is granted, no lapse of benefits such as TANF, APTD, Food Stamps occurs.
4. To notify the Welfare Official within 72 hours of a change of address and any change in members of the household.
5. To diligently search for employment and provide verification of application for employment when requested, following a determination of eligibility for assistance.
6. To accept employment when offered, following a determination of eligibility for assistance.
7. To provide a doctors statement if any work eligible adult in the household claims an inability to work due to medical problems.
8. To participate in the welfare work program if physically and mentally able, following a determination of eligibility for assistance.
9. To immediately inform the Welfare Official of any new employment or income that would change the amount of your assistance.

A RECIPIENTS ASSISTANCE MY BE TERMINATED OR SUSPENDED FOR FAILURE TO FULFILL ANY OF THESE RESPOSIBILITIES WITHOUT REASONABLE JUSTIFICATION.

Any person may be denied or terminated from General Assistance or prosecuted for a criminal offense, who, 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.

These responsibilities have been read and I believe that I understand my responsibilities when applying for General Assistance.

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Signature

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Signature

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Date

## **BASIC NEEDS**

Now that you have applied to the Town of Canterbury Welfare Department for assistance with your basic monthly living needs you agree to the following:

You are to spend any monies that you receive in your household for basic living needs only. Basic living needs are:

RENT  
FOOD  
NON-FOOD HYGIENE ITEMS  
UTILITIES  
PRESCRITPIONS

You realize that by spending your monies on items and services other than basic living needs, that you will be disqualifying yourself from assistance for these needs.

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Signature

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Date

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Signature

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Date



**RSA 165:1-b**

As a recipient of General Assistance, you are required by New Hampshire State Law to apply for and utilize any benefits or resources, public or private that will reduce or eliminate your need for General Assistance.

*This means that if you are eligible to receive TANF, APTD, OAA, Food Stamps or subsidized rent thru HUD or Unemployment benefits, you must apply within seven days following your application for General Assistance. You must apply for immediately for any other program that would reduce or eliminate the need for assistance. You must follow the requirements and fulfill your responsibilities of these programs. This also means that you are to keep all appointments for these programs so that once you are receiving benefits, they do not lapse. If you are having difficulties meeting your responsibilities you need to immediately contact your caseworker to make further arrangements to meet their requirements. If you are on HUD subsidized housing you will need to contact them immediately if you have a reduction in your income that is expected to last longer than 30 days.*

The State of New Hampshire has also passed a voluntary quit bill that is in effect as of 08/10/1995 which states that any person eligible for public assistance, who voluntarily terminated employment within the 60 day period before filing an application for assistance, shall be ineligible to receive assistance for 90 days from the date of employment termination.

My responsibilities to apply for and to utilize other kinds of public assistance as stated above have been discussed with me. I understand that failure to fulfill these responsibilities will cause me to be denied General Assistance. I have also read the information on the Voluntary Quit legislation and have discussed any question I might have with the Welfare Director.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_, the undersigned, understand that from time to time, the local welfare administrator for Canterbury may require certain information about assistance I am applying for or receiving from the NH 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 for the specific purposes outlined below:

| Type of Information   | Purpose for Requesting Information   |
|---|--|
| Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, 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 any 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 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signed to that person must be indicated, the signature must be witnessed, and verification that the signed has the authority to represent the person in these matters with DFA must be provided upon DFA request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## PERMISSION FOR RELEASE OF INFORMATION

TO: \_\_\_\_\_

RE: \_\_\_\_\_

DOB: \_\_\_\_\_

SS #: \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR THE RELEASE OF INFORMATION TO THE  
CANTERBURY WELFARE DEPARTMENT, PO BOX 500, 10 HACKLEBORO ROAD,  
CANTERBURY, NH 03224.

I RELEASE ANY INFORMATION NECESSARY TO DETERMINE MY ELIGIBILITY FOR  
GENERAL ASSISTANCE INCLUDING WAGES, INCOME, ASSETS, DEBITS, FINANCIAL  
OBLIGATIONS, BENEFIT AMOUNTS, OR SETTLEMENTS. THIS INFORMATION MAY BE  
RELEASED IN WRITING, OVER THE TELEPHONE OR IN PERSON TO THE WELFARE  
OFFICIAL.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## PERMISSION FOR RELEASE OF INFORMATION

TO: \_\_\_\_\_

RE: \_\_\_\_\_

DOB: \_\_\_\_\_

SS #: \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR THE RELEASE OF INFORMATION TO THE  
CANTERBURY WELFARE DEPARTMENT, PO BOX 500, 10 HACKLEBORO ROAD,  
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I RELEASE ANY INFORMATION NECESSARY TO DETERMINE MY ELIGIBILITY FOR  
GENERAL ASSISTANCE INCLUDING WAGES, INCOME, ASSETS, DEBITS, FINANCIAL  
OBLIGATIONS, BENEFIT AMOUNTS, OR SETTLEMENTS. THIS INFORMATION MAY BE  
RELEASED IN WRITING, OVER THE TELEPHONE OR IN PERSON TO THE WELFARE  
OFFICIAL.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Previous Employer Form

TO: \_\_\_\_\_

RE: \_\_\_\_\_

The above named person has applied to the Town of Canterbury Welfare Department for assistance. The following information is needed to determine his/her eligibility. Please complete the information below and wither give back to the previous employee or sent to Canterbury Welfare Department, PO Box 500, Canterbury, NH 03224 or fax a copy to 783-0504. Thank you.

Previous Employees Name: \_\_\_\_\_

Previous Employees Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Employees SS#: \_\_\_\_\_

Date of Terminations: \_\_\_\_\_

Is this Permanent? \_\_\_\_\_ Or Temporary? \_\_\_\_\_

The reason for termination was:

\_\_\_\_\_ Voluntary quit  
\_\_\_\_\_ Terminated (reason why \_\_\_\_\_ )  
\_\_\_\_\_ Laid off  
\_\_\_\_\_ Other ( \_\_\_\_\_ )

Did this employee receive money (or will be receiving money) from any other source at the time of termination, such as severance pay, vacation pay, sick pay, workers compensation, retirement plan, refund of 401K benefits, short term disability benefits, or other?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number