



Warner, NH Welfare Application

Verifications Required from Applicants for Welfare Assistance

In order to apply for General Assistance, you must complete the application and provide all requested documentation. Failure to make good faith effort to obtain the required verification may delay processing of your application 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 certificate or social security card).
4. Proof of residency. If renting Landlord form must be completed by Landlord or authorized representative.
5. Residence/shelter expenses – rent, utilities, water and sewage, etc. for the past 30 days.
6. Proof of income (current pay stubs, court ordered support payments, workers compensation papers, social security benefits, AFDC benefits, food stamps, unemployment, etc.) for the past four (4) weeks.
7. Proof of real or personal property – car, motorcycle, trailer, house, etc.
8. Proof of cash resources (savings and 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).

Other:

Return application and all paperwork to:

Town of Warner
Welfare Office
PO Box 265
Warner, NH 03278
Attention: Jim Bingham

TOWN OF WARNER
Welfare Office
PO Box 265
Warner, NH 03278
Phone: (603) 456-2298 ext. 1 Fax: (603) 456-2297

1. Date: _____
2. Name: _____ Soc. Security No. _____
3. Address: _____ Telephone: _____

4. What needs are you requesting assistance with? _____

5. Age _____ Birth Date _____ Place _____
6. Marital Status _____ Date of Marriage/Divorce _____
7. Spouse's Name: _____ Social Security No. _____
Address: _____
8. Number in Household _____ List below all persons living with you:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Do you Own _____ or Rent _____ (check one)
10. If you rent: Amount of rent _____ week/month Due Date _____
Date last paid _____
Utilities Included: None ____ Heat ____ Electricity ____ Water ____ Other _____
Name/Address/Telephone of Landlord _____

11. If you own: Amount of mortgage _____ month. Due Date _____
Date last paid: _____
List all payments included in the mortgage (insurance, taxes etc.) _____

Name of Bank/Mortgage Company: _____
Address: _____
12. List all addresses for past two (2) years (street, town, state)

13. Education
Last school grade completed: Applicant _____ Spouse/Co-App _____
GED Obtained: Applicant _____ Spouse/Co-App _____
Post High School courses/degrees or special training/job skills:
Applicant: _____
Co-Applicant: _____
14. Work Record of Applicant:
Employed now _____ Where _____

Position _____ Start Date _____

Unemployed now _____ Reason _____

Date last worked _____ Where _____

Amount and date of last paycheck _____ Are you able to work now? _____

If not able, why? _____

15. 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 _____

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

17. Household Expenses:

Rent/Board/Mortgage _____ per month/week Due Date _____

Food (weekly) _____

Heat _____

Electric _____ Due Date _____

Telephone/Cell _____ Due Date _____

Water/Sewer _____ Due Date _____

Cooking Fuel _____

Medical _____

Maintenance (weekly) _____

Transportation _____

Other _____

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

Applicants Father _____

Address _____

Employer _____

Does he own real estate? _____

Applicants Mother _____

Address _____

Employer _____

Does she own real estate? _____

Spouse/Co-app Father _____

Address _____

Employer _____

Does he own real estate? _____

Spouse/Co-app Mother _____

Address _____

Employer _____

Does she own real estate? _____

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 Official 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

Spouse/Co-Applicant

Signature of person completing the form (If not applicant)

Date

TOWN OF WARNER, NEW HAMPSHIRE
REIMBURSEMENT AGREEMENT

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

Signature of Applicant

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 Official immediately upon the receipt of any money from such claim or upon the settlement of such claim.

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Signature of Applicant

Signature of Co-Applicant

Date

Date



TOWN OF WARNER
PO BOX 265
WARNER, NH 03278
TEL. (603) 456-2298 ext. 1 FAX (603) 456-2297

Dear Landlord:

In order to determine assistance for your tenant it is necessary to have the following verification completed by you.

Name(s) on lease: _____

Address of rental: _____

Rent: \$ _____ Per: Month ____ Week ____ Bi-monthly ____

Circle with utilities are included in the rental amount:

Heat Electricity Gas Water No heat or utilities included

Date of occupancy: _____ Amount Paid \$ _____

CHECK PAYABLE TO:

Landlord's Name (please print) _____

Mailing Address _____

** Tax I.D. # _____ Social Security # _____

Telephone _____ Cell _____

Landlord's Signature _____ Date _____

(**Failure to provide this information may result in 20% withholding of payment for tax purposes).



TOWN OF WARNER
PO BOX 265
WARNER, NH 03278
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EMPLOYMENT VERIFICATION REQUEST

Dear Employer:

In order to determine assistance for _____ it is necessary to have the following verification completed by you.

Employee's Name _____ SS# _____

Date of Hire _____

Hourly Pay Rate _____ Number of hours per week _____

Frequency of Pay: _____ Weekly _____ Bi – Weekly _____ Monthly

Date first paycheck will be received _____

Estimated NET amount of first paycheck _____

Name of Employer _____

Address _____ Phone _____

Signature of Immediate Supervisor

Title

Date



**TOWN OF WARNER
PO BOX 265
WARNER, NH 03278**

TEL. (603) 456-2298 ext. 1 FAX (603) 456-2297

PUBLIC ASSISTANCE REPAYMENT AGREEMENT

I, the undersigned, _____, resident of the Town of Warner, NH (hereafter "Applicant(s)"), hereby agree with the Town that the full amount of any public welfare payments made at my request, to me or on my behalf in the form of direct payments of assistance to creditors will be repaid in the following manner:

1. By work performed for and at the direction of any entity of the Town, including its Elementary School, Solid Waste/Transfer Station, Highway Dept., etc. Such work to be performed as the Town may direct. Until applicant shall be regularly employed, such work shall be performed on such days, including Saturdays, as the Town may direct, excepting only any days of illness for which a doctor's certificate is furnished to the Town, and will be compensated by crediting any debt incurred hereunder at the statutory minimum rate for normal work week. The Town may require such work to be performed on Saturdays thereafter until the debit is repaid in full.
2. By payment over to the Town, unless the Town shall waive such right of any refund of federal income tax for the year 20____, to the extent of repayment still owed to the Town.
3. By repayment of any remaining balance in cash as soon as the Applicant shall secure regular or seasonal employment at the rate of \$20.00 per week or otherwise in accordance with a payment schedule to be agreed on at the time with the Town.
4. By repayment of any remaining balance in cash from AFDC, APTD, OAA, SS and SSI benefits in accordance with a payment schedule to be agreed upon with the Town of Warner, NH.

Applicant Signature _____

Spouse Signature _____

Witness _____ Date _____

AGREED BY THE TOWN OF WARNER, NEW HAMPSHIRE

By _____ Title _____

Date _____



TOWN OF WARNER
PO BOX 265
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SELF DECLARATION FORM

Date: _____

To the Town of Warner, NH Welfare:

Let it be known that I, _____, do hereby state that my parents are able/unable to assist me financially at this time in accordance with RSA 165:19 as indicated below:

165:19 Liability for Support. – 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 relation 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.

I understand that any misrepresentation given in this letter would cancel all aid from the Town of Warner and may result in court action for recovery.

Signature

Date



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WORK RECORD

List jobs starting with the current and most recent:

Applicants Employer _____

Date Hired _____ Date Left _____

Reason _____

Net amount of last wages received _____ Date _____

Spouse Employer _____

Date Hired _____ Date Left _____

Reason _____

Net amount of last wages received _____ Date _____

Other sources of income: Check YES or NO and list the amounts

AFDC, APTD, OAA	YES	NO	AMOUNT	_____
SSI	YES	NO	AMOUNT	_____
Social Security	YES	NO	AMOUNT	_____
Pension/Retirement	YES	NO	AMOUNT	_____
Rental Income	YES	NO	AMOUNT	_____
Unemployment Comp.	YES	NO	AMOUNT	_____
Child/Alimony Support	YES	NO	AMOUNT	_____
Interest from all accounts	YES	NO	AMOUNT	_____
Food Stamps	YES	NO	AMOUNT	_____
WIC or CSFP	YES	NO	AMOUNT	_____
Rental Assistance	YES	NO	AMOUNT	_____

Have you applied or received assistance from any other organization: If so, list source, date and amount of applied/received assistance. _____



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RELEASE OF 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 Welfare Department. I/We also authorize the IRS, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly Services, NH Legal Assistance, City/Town Welfare Departments, shelters, Department of Employment Security, Veteran's Administration, Community Action Program, churches or any other non-profit agency to release information to the Town of Warner Welfare Office.

I/We also waive my/our right to privacy and confidentiality contained in my/our file and/or any information received by the Town of Warner Welfare and authorize the Welfare Office to release such information to other agencies to the extent that such release is made to further my/our application for or receipt of assistance from that agency.

Applicant Signature

Date

Co - Applicant Signature

Date

Signature of person completing application (if not applicant)

Date

Relationship to Applicant