

# Town of Exeter, NH

## Intake Form

(to be completed at the time of each request for assistance)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

What type of assistance are you requesting at this time? \_\_\_\_\_

Names and ages of all household members: \_\_\_\_\_

List all changes of sources and amounts of household's earned and unearned income. This includes cash, savings and checking/bank/debit accounts: \_\_\_\_\_

Indicate any updates or changes in your assistance or applications for SNAP (food stamps), cash assistance, social security, fuel/utility assistance, unemployment, etc.: \_\_\_\_\_

Indicate any changes in your personal situation since your last request: \_\_\_\_\_

**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.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing Form (if not applicant)

\_\_\_\_\_  
Date