



**Town of Exeter, NH  
Human Services Office  
10 Front Street  
Exeter, NH 03833  
603-773-6116**

The following documentation/verifications are required for you to bring to any appointment scheduled for you with the Welfare Administrator. Failure to provide this verification/documentation may cause any assistance to be delayed or denied. Please, call the phone number listed above if you have any questions.

- Completed Application Form; read, sign & date "Responsibilities of the Applicant/Client" in this packet.
- One identification for each household member (Driver's License, Birth Certificate, Social Security Cards, etc.)
- Last four weeks' pay-stubs or other proof of net wages on ALL employed household members. If you do not have 4 weeks of pay stubs, provide a statement from the employer(s) that includes the date of hire, start date, hourly rate, hours per week, pay schedule, contact name & phone number.
- Verification of any unearned income; includes, but is not limited to: Aid to the Permanently and Totally Disabled, Old Age Assistance, Childcare, Temporary Aid to Needy Families, Emergency Assistance, Social Security benefits for all household members, Child Support, and any loans or assistance from family or friends.
- If you are unemployed, verification that you have applied or are receiving Unemployment Compensation.
- Documentation of divorce, custody/child support and/or restraining orders.
- If you are applying for rental assistance, the Rental Verification Form **MUST** be filled out by the **LANDLORD** prior to your appointment.
- Notice to Quit / Demand for Rent
- Last 4 weeks of receipts and proof of bills paid. Written statement or a combination of receipts & statement accepted.
- Bills currently due, any disconnect notices, eviction papers.
- Verification of injury or illness – Doctor's note, if appropriate to your situation.
- Current 30-day activity report for all debit card/bank accounts in the household; as well as debit card/bank verification of account balances within 48 hours of the appointment
- Lease Agreement
- Other \_\_\_\_\_

Town of Exeter, NH

APPLICATION FOR ASSISTANCE

Date of Application \_\_\_\_\_ Referred by \_\_\_\_\_

1. **General Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security number \_\_\_\_\_ US Citizen? \_\_\_\_\_

Marital Status \_\_\_\_\_ Rent or Own? \_\_\_\_\_ How long at this address? \_\_\_\_\_

Spouse/Co-Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse address (if not same as applicant) \_\_\_\_\_

**Assistance Requested** \_\_\_\_\_

Reason for request \_\_\_\_\_

Have you applied for local assistance before? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Under what name? \_\_\_\_\_

**List below all persons living in your household:**

Full Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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





**5. Household Income**

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

	<u>Name</u>	<u>Date Applied</u>	<u>Date Last Received</u>	<u>Monthly Amount</u>
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Care Assistance	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
SNAP (Food Stamps)	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Workers' Compensation	_____	_____	_____	_____
Other: [                      ]	_____	_____	_____	_____

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

<u>Name</u>	<u>Agency Name</u>	<u>Contact Person</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. Household Expenses**

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

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Prescriptions _____
Cable/Internet _____	Food _____	Rent _____
Child Support Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

**7. Criminal Information**

Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) \_\_\_\_\_ If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Town/City & State of conviction \_\_\_\_\_ Details of conviction: \_\_\_\_\_

Are you or any member of your household presently on parole or probation? (yes/no) \_\_\_\_\_

If yes, who? \_\_\_\_\_ Court or jurisdiction? \_\_\_\_\_

Name & phone number of parole/probation officer \_\_\_\_\_

**8. Liability for Support Information**

Please provide following details:

Your father \_\_\_\_\_ Address \_\_\_\_\_

Your mother \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant father \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant mother \_\_\_\_\_ Address \_\_\_\_\_

Your or co-applicant's adult children \_\_\_\_\_

# Town of Exeter, NH

## Certification and Authorization Form

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, workers' 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 165:28-a.

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 or relief if they can do so without financial hardship to them. 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/We 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 Exeter 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 Exeter Welfare Department 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 city/town welfare offices, or any agencies providing supportive services regarding medical, house/shelter, or financial assistance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form (if not applicant)

\_\_\_\_\_  
Date

*\*The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the Exeter Welfare Administrator or up to six (6) months after assistance has ended.*

**Town of Exeter  
Rental/Mortgage Verification Form**

**THIS FORM MUST BE COMPLETED BY THE LANDLORD/MORTGAGE COMPANY**

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number/Street) (Apt. #) (City) (State)

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

List of people in household:  
\_\_\_\_\_  
\_\_\_\_\_

Rent/Mortgage amount: \$ \_\_\_\_\_; paid \_\_ monthly \_\_ weekly \_\_ other

If subsidized rent, please list tenant portion: \$ \_\_\_\_\_

Date last rent/mortgage was paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Back rent owed:  
\_\_\_\_\_

*(If back rent/mortgage is owed, please attach accounting of months and amounts)*

Occupancy date: \_\_\_\_\_ Security Deposit: Amount: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Rent Includes: \_\_ All utilities \_\_ No Utilities \_\_ Hot Water \_\_ Heat \_\_ Electric

Type of Heat: \_\_ Electric \_\_ Oil \_\_ Gas \_\_ Other \_\_\_\_\_

**For IRS reporting, landlord's Tax ID or Social Security # must be provided:**

Tax ID #: \_\_\_\_\_ OR Social Security #: \_\_\_\_\_  
\_\_\_\_\_

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

**CHECKS MADE PAYABLE TO: (PLEASE PRINT CLEARLY)**

\_\_\_\_\_  
Landlord/ Mortgage's Name

\_\_\_\_\_  
Telephone / Fax Numbers

\_\_\_\_\_  
Landlord/Mortgage Address

\_\_\_\_\_  
Name of Manager or Other Representative

\_\_\_\_\_  
Landlord/Mortgage Signature

\_\_\_\_\_  
Date



**Town of Exeter, NH**  
**Employment Verification Form**

I, \_\_\_\_\_, authorize the release of information regarding my employment to the Town of Exeter, New Hampshire.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name of Employee: \_\_\_\_\_

**This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employee Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date Starting/Started Work: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_

Full/Part-time: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Paid:  Weekly  Bi-weekly  Other \_\_\_\_\_

Pay Period Ending	Actual Date of Payment	Gross Pay	Net Pay	Check/Direct Deposit

\*\*\*\*\*

If \_\_\_\_\_ is no longer employed by your company:

Date of termination/separation \_\_\_\_\_ Date/net amount of last paycheck \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone/Email