



TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811
www.conwaynh.org

AUTHORIZED REPRESENTATIVE DECLARATION

You may choose an authorized representative to help you with your responsibilities in applying for or receiving General Assistance from the Town of Conway.

Your authorized representative could be a friend, relative or other person that has a concern for your well being and agrees to help you. It is up to you to choose an authorized representative. The Town of Conway cannot choose a representative for you.

Your authorized representative may attend interviews and fill out forms and other paperwork for you. They may also report changes in your income, resources or circumstances to the Town and may receive vouchers, notices and referrals from the Town.

AUTHORIZED REPRESENTATIVE INFORMATION

NAME: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

What is your relationship to your representative? _____



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CLIENT'S SIGNATURE:

Please read the following statements carefully. Your signature below means you have read, understand, and accept these statements.

- ❖ I certify that I have read and understand the information on this form.
- ❖ I understand that I am responsible for any errors, omissions, or inaccurate information that my authorized representative reports to the Town of Conway and that all state laws and local guidelines apply to your case regardless of representative authorization.
- ❖ I understand that if my authorized representative uses my benefits without my permission, these benefits will not be replaced or reissued by the Town of Conway.

Date: _____ Signature: _____

Printed name: _____

State of NH, County of Carroll, ss.

On this the ____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

I certify that I have read and understand the information on this form. I agree to accept the responsibilities noted on this form.

Date: _____ Signature: _____

Printed name: _____

State of NH, County of Carroll, ss.

On this the ____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.
