

TOWN OF CONWAY GENERAL ASSISTANCE APPLICATION

DATE		
LIST NAME, AGE, DOB FOR ALL HOUSEHOLD MEMBERS.		
MAILING ADDRESS		
CURRENT PHYSICAL ADDRESS		
WHERE DID YOU LAST LIVE FOR 30 DAYS OR MORE?		
IN THE LAST 3 YEARS, WHAT TOWNS HAVE YOU LIVED IN?		
PHONE		
EMAIL		
What kind of assistance do you need?		
How much do you need?		
Because		
What have you done to resolve on your own?		
Notice Certification	This is to certify that I/We received copies of the following notifications.	INITIALS
	Notice of Rights	
	Disqualification for Voluntary Termination of Employment	
	Certifications and Signatures	
	General Assistance Officer's Responsibilities	
	Responsibilities of Each Applicant and Recipient	
	Title LXII Criminal Code, Chapter 641: Falsification of Official Matters	
	NH RSA 165:19 Liability for Support	
	NH RSA 165:28 Liens on Real Property	
	Notice of right to a fair hearing.	
Verification requirements: Verification must be dated or certified that the information is still accurate within the 4 weeks prior to the date the application was received.	2 forms of ID for each household member, adults must provide a valid photo ID.	
	Certificates that apply: birth, death, marriage, divorce, DD-214	
	All enforceable court orders	
	Last 4 weeks income/assets/resources and expenses	
	4 weeks transaction history for all accounts you hold such as checking, savings, account payment history etc.	
	Proof of application and decisions for all programs applied to or received.	

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<p><b>Verification of Information:</b></p>	<p>I/We, the undersigned, understand that all information supplied is subject to investigation that may include home visits. I/We further understand that it is my/our responsibility to provide supporting documents to back up oral and written statements. It is understood that if verification is not provided within 7 days of making a request, the request will be automatically withdrawn and, if provided to me, I will need to repay any temporary assistance received. Misrepresentation and/or omission of information may result in immediate termination or denial of assistance. Changes in household members/circumstances must be reported, in writing, to the welfare official <u>as they happen</u> and failure to do so may result in delay, reduction, suspension or denial of assistance.</p>	
<p><b>Cases are held open for 6 months</b></p>	<p>Cases will remain open for 6 months from last date of contact. Returning clients must continue to comply with all requirements of prior notices including, but not limited to using <u>all income for basic needs of survival first to include shelter, heat, lights, medication and food</u>. Clients are expected to provide written verification of all income and dated receipts for expenses for the weeks prior to their return date. Failure to comply may result in delay, denial, suspension or reduction of assistance.</p>	
<p><b>Repayment:</b></p>	<p>I/We, the undersigned, agree to repay the Town of Conway, NH for financial assistance received and understand the town may lien property, inheritance and settlements.</p>	
<p><b>Voluntary Quit Law</b></p>	<p>Pursuant to provisions of NH RSA 165:1-d voluntary termination of employment without a valid, justifiable, good cause reason could lead to disqualification from receiving general assistance.</p>	
<p><b>Falsification</b></p>	<p>The Town of Conway, NH may refer violations of NH RSA 654:3 to appropriate authorities such as Conway Police Department, State Office of Special Investigations or Attorney General's office, for prosecution.</p>	
<p><b>Signatures</b></p>	<p>I/we have read the above statements and certify that I/we fully understand and agree to comply with them and that all verbal and written responses and supporting documents supplied in and with this application are true and correct and free of omissions. I/we hereby certify that all notes and/or alterations written on my application by the caseworker(s) during this process accurately reflect my responses to questions and any additional information provided.</p>	
<p><b>Applicant signature:</b></p>		
<p><b>Co-applicant signature:</b></p>		
<p><b>Authorized representative signature:</b></p>		
<p></p>		

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QUESTIONS	Y	N	DETAILS	VERIFICATION TO PROVIDE
HAVE YOU APPLIED FOR LOCAL WELFARE IN ANY OTHER TOWN?			WHAT TOWN? WHEN?	NOTICE OF DECISION / RESULTS
ARE YOU CURRENTLY HOMELESS?			HOW LONG?	
IF YES, HAVE YOU CONTACTED TRI COUNTY COMMUNITY ACTION?			RESULTS? WHO DID YOU TALK TO?	VERIFY
ARE YOU UNSHELTERED?			WHERE DO YOU SLEEP?	
HAVE YOU EVER BEEN IN A SHELTER?			SHELTER NAME?	
SPECIAL ACCOMMODATIONS NEEDED?			Type?	
DO YOU HAVE PETS?			Type?	
DO YOU HAVE A HOUSING VOUCHER/OTHER HELP PAYING RENT?			DETAILS?	NOTICES OF DECISION
RENT?			LANDLORD'S NAME? LANDLORD EMAIL? LANDLORD PHONE? PROPERTY MANAGER'S NAME? PROPERTY MANAGER EMAIL? PROPERTY MANAGER PHONE? MONTHLY RENTAL AMOUNT? AMOUNT OWED? EVICTION NOTICE? LEASE? PAYMENT ARRANGEMENTS?	PROVIDE LEASE, RENTAL AGREEMENT, RENTAL VERIFICATION FORM, PAYMENT HISTORY
ARE YOU SATISFIED WITH CURRENT HOUSING CONDITIONS?			IF NOT, WHY NOT?	
DO YOU HAVE LANDLORD REFERENCES?				
DO YOU HAVE ANY SECURITY DEPOSITS OWED TO YOU?				VERIFY
HAVE YOU FOUND A NEW PLACE?				RENTAL VERIFICATION, W9
HAVE YOU APPLIED FOR HELP WITH SECURITY DEPOSIT AND/OR FIRST MONTH'S RENT?			WHERE DID YOU APPLY?	VERIFY RESULTS
DO YOU PAY UTILITIES?			ARE THEY INCLUDED? DOES SOMEONE ELSE PAY THEM ON YOUR BEHALF?	BILLS AND NOTICES
DO YOU RECEIVE A UTILITY ALLOWANCE CHECK?				COPY/NOTICE+A1:E19
DO YOU HAVE ANY UTILITY DISCONNECT NOTICES?			WHAT IS THE DISCONNECTION DEADLINE?	BILLS/NOTICES
DOES ANYONE IN THE HOUSEHOLD HAVE REFRIGERATED MEDICATION, NEBULIZER , CPAP OR OXYGEN MACHINE?			YOU CAN SELF CERTIFY WITH MEDICAL NEED FOR POWER AND, THEN SUBMIT THE FORM THEY REQUIRE AND THAT WILL HELP WITH A REASONABLE PAYMENT ARRANGEMENT.	VERIFY PAYMENT ARRANGEMENT

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QUESTIONS	Y	N	DETAILS	VERIFICATION TO PROVIDE
HAVE YOU APPLIED FOR FUEL ASSISTANCE?			ASSISTANCE IS NOT PROVIDED UNTIL AROUND DECEMBER 1, EVEN IF YOU APPLY MONTHS EARLIER. YOU CAN USE DIFFERENT OIL COMPANIES; UNLESS YOU OWN PROPANE TANK, MUST USE COMPANY THAT OWNS TANK.	NOTICE OF DECISION
HAVE YOU APPLIED FOR ENERGY ASSISTANCE PROGRAM?			CAN APPLY ANY TIME OF YEAR BUT USUALLY THIS IS PART OF THE FUEL ASSISTANCE APPLICATION.	NOTICE OF DECISION
HAVE YOU APPLIED FOR NEIGHBORS HELPING NEIGHBORS?			EVERSOURCE ONLY.	NOTICE OF DECISION
HAVE YOU APPLIED FOR PROJECT CARE?			NHEC ONLY	NOTICE OF DECISION
HAVE YOU EVER BEEN EVICTED?			WHEN? WHO WAS THE LANDLORD?	
DO YOU HAVE GOOD CREDIT?			WHAT IS YOUR SCORE?	
OWN?			TAXES AND INSURANCE INCLUDED? DO YOU HAVE ANY LIENS? ANYONE ELSE ON THE DEED?	DEED, MORTGAGE PMT, TAX BILL
HAVE YOU APPLIED FOR ELDERLY, DISABLED OR VETERAN CREDITS?			SPECIFY	VERIFY RESULTS
HAVE YOU APPLIED FOR FOOD PROGRAMS?			FOOD STAMPS? FREE AND REDUCED LUNCH? 68 HOURS OF HUNGER? WIC OR COMMODITY FOOD SUPPLEMENTAL PROGRAM FOOD PANTRY? DINNER BELLS/COMMUNITY MEALS? MEALS ON WHEELS? OTHER?	NOTICES OF DECISION
ARE YOU A FULL TIME POST SECONDARY EDUCATION STUDENT?			STIPEND?	DOCUMENTATION REQUIRED
DID YOU FINISH HIGHSCHOOL?			DIPLOMA? GED?	
DO YOU HAVE AN OCCUPATIONAL LICENSE?			TYPE?	
DO YOU HAVE JOB SKILLS?			TYPE?	
DO YOU HAVE A VALID DRIVER'S LICENSE?				PROVIDE COPY OF FRONT AND BACK
DO YOU HAVE A VEHICLE?				TITLE AND REGISTRATION
INSURANCE COSTS FOR VEHICLE?				VERIFY
DO YOU RECEIVE TRANSPORTATION ASSISTANCE OR REIMBURSEMENT?				VERIFY
HAVE YOU EVER SERVED IN THE MILITARY?				DD-214
ARE YOU A SPOUSE, SURVIVING SPOUSE OF A VETERAN?				VERIFY

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QUESTIONS	Y	N	DETAILS	VERIFICATION TO PROVIDE
WERE YOU HONORABLY DISCHARGED?				DD-214
DO YOU RECEIVE SERVICE CONNECTED DISABILITY?			PERCENT?	VERIFY
DID YOU SERVE AT A TIME OF WAR?			EXPLAIN	VERIFY
ARE YOU CONNECTED TO THE VA CBOC CLINIC?				
ARE YOU WITHOUT ANY FORM OF INCOME?			WHO IS HELPING NOW? HOW ARE THEY HELPING?	SIGNED AND DATED STATEMENT
HAVE YOU APPLIED FOR CASH ASSISTANCE PROGRAMS?			SOCIAL SECURITY? SSI/SSDI/SURVIVORS ETC DHHS? OAA/APTD/TANF/CHILD SUPPORT/FOSTER CARE NH WORKS? UNEMPLOYMENT DEPARTMENT OF LABOR? WORKER'S COMPENSATION VETERANS COMPENSATION? OTHER?	NOTICES OF DECISION
ARE YOU ABLE TO WORK NOW?			FULL TIME OR PART TIME?	MEDICAL RELEASE AND REPORT IF UNABLE TO WORK
ARE YOU EMPLOYED?			SELF EMPLOYED? EMPLOYER NAME? DIRECT SUPERVISOR'S NAME? HOURS PER WEEK? HOURLY WAGE? SALARY? COMMISSION, BONUSES OR TIPS? PAID WEEKLY OR BIWEEKLY? WHAT DAY ARE YOU PAID? DEDUCTIONS THAT ARE NOT STANDARD FOR EVERYONE?	EMPLOYMENT VERIFICATION FORMS, TERMINATED EMPLOYMENT FORM WHEN TERMINATED IN LAST 4 WEEKS, SELF EMPLOYMENT FORMS WITH INVOICES AND EXPENSE RECEIPTS, 4 WEEKS PAY STUBS, CONTRACT
ARE YOU HAVING TROUBLE FINDING A JOB?			WHY?	VERIFY IF VERIFIABLE
ARE YOU WORKING WITH NH WORKS?			WITH WHO? PROGRAM?	VERIFY
ARE YOU EMPLOYED THROUGH ANY APPS?			WHAT APP?	VERIFY
DO YOU HAVE A CHECKING ACCOUNT?			WHAT BANK? OTHER NAMES ON THE ACCOUNT?	TRANSACTION HISTORY FOR LAST 4 WEEKS AND ONGOING
IS YOUR NAME ON ANYONE ELSE'S CHECKING ACCOUNTS?			WHOSE ACCOUNT?	TRANSACTION HISTORY FOR LAST 4 WEEKS AND ONGOING
DO YOU HAVE A SAVINGS ACCOUNT?			WHAT BANK? OTHER NAMES ON THE ACCOUNT?	TRANSACTION HISTORY FOR LAST 4 WEEKS AND ONGOING
IS YOUR NAME ON ANYONE ELSE'S SAVINGS ACCOUNTS?			WHOSE ACCOUNT?	TRANSACTION HISTORY FOR LAST 4 WEEKS AND ONGOING

K:\Downloads\2024 Local Welfare Application.xlsx

INITIALS

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QUESTIONS	Y	N	DETAILS	VERIFICATION TO PROVIDE
<b>DO YOU HAVE THE FOLLOWING:</b>				
CERTIFICATES OF DEPOSIT, MUTUAL FUNDS, SAVINGS BONDS OR STOCKS?			WHICH ONES?	VERIFY
TRUSTS OR ANNUITY?			WHICH ONES?	VERIFY
CHILD SUPPORT OR ALIMONY?			WHICH ONES?	VERIFY
RETIREMENT OR SEVERANCE PAY?			WHICH ONES?	VERIFY
MORE THAN ONE VEHICLE?			VALUE?	VERIFY VALUE AND REGISTRATION
HEALTH, VISION, DENTAL INSURANCE			TYPE?	VERIFY
RETROACTIVE PAYMENTS DUE TO YOU?			TYPE?	VERIFY
IRS REFUND DUE TO YOU OR RECEIVED IN LAST 4 WEEKS?				VERIFY
ASSISTANCE FROM THE WAY STATION?			TYPE?	VERIFY
ASSISTANCE FROM A CHURCH?			TYPE?	VERIFY
PANHANDLING DONATIONS?			DAILY AMOUNT?	SIGNED AND DATED STATEMENT
STATE BENEFITS OF ANY KIND?			BEAS; DCYF; FS; CASH; MEDICAID; CHILD SUPPORT....	NOTICE OF DECISION
ASSISTANCE FROM ANY TRI COUNTY CAP PROGRAM?			HOUSING, ENERGY, CHILDCARE OR ANY OTHERS	NOTICES OF DECISION
ASSISTANCE FROM MENTAL/BEHAVIORAL/DEVELOPMENTAL HEALTH PROGRAMS?			DESCRIBE:	NOTICES OF DECISION
PAYEE OR GUARDIANSHIP PROGRAM?			DESCRIBE:	VERIFY
SECTION 8 OR SUBSIDIZED HOUSING?			DESCRIBE:	NOTICES OF DECISION OR LEASE AGREEMENT/CONTRACT
VICTIM COMPENSATION OR DV PROGRAM?			EXPLAIN:	VERIFY
CHILD CARE ASSISTANCE			EXPLAIN:	VERIFY
ASSISTANCE FROM FRIENDS OR RELATIVES?			DESCRIBE:	VERIFY
EXPENSES			ALL EXPENSES MUST BE VERIFIED	BILLS, RECEIPTS, LEDGERS IN ADDITION TO AUTO PAY SHOWN ON BANK STATEMENTS
DO YOU HAVE PENDING LAWSUITS?			TYPE? STATUS?	DOCUMENTATION REQUIRED. LAWYER NAME/CONTACT INFO

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DO YOU HAVE CRIMINAL HISTORY, RESTRAIING ORDER OR NO TRESPASS ORDERS?			CONVICTED OF A VIOLENT CRIME? FELON? PAROLE CONDITIONS? BAIL CONDITIONS? COST CONTAINMENT? RESTITUTION? FINES? COMMUNITY SERVICE? PENDING CHARGES?	DOCUMENTATION REQUIRED
APPLIED FOR FEDERAL BONDING PROGRAM?				VERIFY
DO YOU HAVE RESTRICTIONS ON WHERE YOU CAN LIVE?			EXPLAIN:	VERIFY

DATE:
DATE:

SIGNATURE
SIGNATURE

ADDITIONAL NOTES





