



Self-Certification Form

This form is intended to be used to temporarily verify information that is unverifiable at this time. I understand that I am still responsible for providing the requested verification and that this is only for temporary purposes, the length of time to be determined at the discretion of the General Assistance Officer.

Name: _____

Yes or No

_____ Are you homeless?

_____ Are you homeless on **someone's couch**?

_____ Are homeless but in a **shelter**?

_____ Do you have a **savings** account?

_____ Do you have a **checking** account?

_____ Do you have a **military** account?

_____ Do you have any type of **retirement account/insurance** that can be liquidated?

_____ Do you have **assets** that can be liquidated or sold to meet your basic needs?

_____ Do you have **anything of value** to liquidate in order to meet your basic needs?

_____ Are you a recipient of any **crowd funding** accounts such as Go Fund Me?

_____ Are you **self-employed** or do you perform odd jobs for any form of payment?

_____ Are you **employed**?

_____ Have you had **income** in the past four weeks or more?

_____ Are you working "**under the table**?"

_____ Are you **working in lieu** of expenses owed?

_____ Have you ever been **married**?

_____ Do you receive **alimony**?

_____ Do you receive any form of **bonuses or tips** that are unreported to the IRS?

_____ Are you a **college student or a student over the age of 18**?

_____ Have you received assistance from any **other town** in the past 30 days?

_____ Have you received an **IRS refund** in the last 30 days?



TOWN OF CONWAY

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_____ Are you expecting to receive an **IRS refund** in the next 30 days?

_____ Are you receiving **rental payments** of any kind?

_____ Are you receiving **child support**?

_____ Are you receiving financial assistance/reimbursement from **Social Security** programs?

_____ Are you receiving financial assistance/reimbursement from **DHHS** programs?

_____ Are you receiving financial assistance/ reimbursement from **NH Works** programs?

_____ Are you receiving financial assistance/reimbursement from a **Housing program**?

_____ Did your partner/roommate/sig. other/husband/wife leave home **30 or more days** ago?

_____ Do you have outstanding **arrest warrants**?

_____ Are you on **probation / parole**?

_____ Write in: _____

Date _____

Signature: _____