

**CITY OF DOVER WELFARE DEPARTMENT
APPLICATION FOR GENERAL ASSISTANCE
(PLEASE ANSWER ALL QUESTIONS)**

Date of Application _____ Social Security # _____

1. General Information:

Name _____ Date of Birth _____

Address _____

How long at this address? _____ Telephone _____

Email _____ US Citizen? Yes No

Marital Status: Single Married Widowed Separated Divorced

Spouse/Co-Applicant Name _____ SS# _____

Date of Birth _____ Telephone _____

Spouse address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

Are you applying as a result of being affected by COVID-19? _____

List below all persons living in your household:

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Street</u>	<u>Town/City</u>	<u>State</u>	<u>Dates of Residence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Housing Information:

Rent amount _____ per (month/week)_____ Date last paid_____ Date due_____

Do you have a current: Demand for Rent Notice to Quit Landlord/Tenant Writ

Total rent owed _____ Do you have a housing subsidy? _____

Utilities Included: Heat Electric Gas Water/Sewer Other _____

LANDLORD INFO: Name _____ Telephone _____

Address _____

IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____

Bank/Mortgage Co _____ Address _____

3. Education / Training / Employment

	<u>Highest Grade Attended</u>	<u>G.E.D. or Diploma</u>	<u>Special Training or Skills</u>	<u>Military Service</u>
Applicant:	_____	_____	_____	_____
Spouse/Co-Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When work began _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____ Date/Amount last check _____

Are you able to work now? _____ If not able, why not? _____

Are you out of work as a result of COVID-19? If so please explain _____

Current and two most recent jobs of yourself and all household members aged 18 & older:

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Household Assets:

Provide information regarding accounts held by you and all household members :

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>	<u>Checking</u> <u>Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide current value of any assets held by you and all household members:

Cash on hand (all household members)_____ Certificates of Deposit (CD's)_____

Savings Bonds_____ Mutual Funds_____ Annuities_____ Stocks_____

Trust Funds_____ Retirement Accounts_____ Insurance Policies (cash value)_____

401k_____ Property other than primary residence_____ Location_____

Other Investments_____ Motorcycles/Boats/Snowmobiles/ATV's/RV's_____

Other Assets (please list)_____

Claims/settlements/income due to you or any household member

IRS Refund_____ Stimulus Refund_____ Insurance Claim_____

Retroactive disability check_____ Inheritance_____

Retroactive Unemployment or Worker's Compensation check_____

Other Lump Sum Payment (explain)_____

Have you or any household member consulted a lawyer regarding a possible lawsuit?:

Lawyer Name/Address_____

Reason_____

Do you or any household member have a lawsuit pending?_____ Who?_____

Please give details_____

Lawyer Name/Address_____

Motor vehicles owned by you and all household members:

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 Support	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
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/FAP	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Income Tax Refund	_____	_____	_____	_____
IRS Stimulus Payment	_____	_____	_____	_____
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. Parent 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 who are not in the home _____

9. Certifications and Signatures

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)

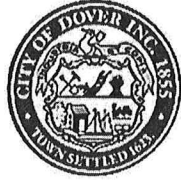
I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand 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 165-28a)

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)

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)

_____ Applicant Signature	_____ Date
_____ Spouse or Co-applicant Signature	_____ Date
_____ Signature of person completing form (if not applicant)	_____ Date



61 Locust Street, Suite 334
Dover, New Hampshire 03820-3704
(603) 516-6500
Fax: (603) 516-6508

s.gaston@dover.nh.gov or m.cahill@dover.nh.gov

DOVER HUMAN SERVICES DEPARTMENT APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes the City of Dover Welfare Officials, to obtain information from _____ regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

Applicant

Date

Welfare Official

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains

Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of
Individual or Agency
Providing the Information:

NH DHHS – All Programs & Divisions

To provide the following information: Case Detailed Information

To:

Name and Address of
Individual or Agency
Receiving the Information:

Dover City Welfare
61 Locust St Ste. 334
Dover, NH 03820

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named. **This authorization expires 12-months from the date this form is signed.**

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

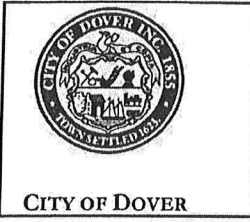
(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)



61 Locust St. Suite 334
DOVER, NH 03820
WWW.DOVER.NH.GOV
603.516.6000

ATTESTATION TO EMPLOYMENT INFORMATION

The City of Dover's Welfare Guidelines require verification of various forms of information, including but not limited to an applicant's employment status and availability in the labor market. See Welfare Guidelines § VII(A)(8).

You have provided employment information in connection with your application to the City of Dover dated _____. However, due to the COVID-19 pandemic and State of Emergency or other circumstances at this time, the City of Dover has been unable to verify or adequately verify your employment information.

By signing below, you acknowledge and attest, under the pains and penalties of New Hampshire law, to the accuracy and completeness of the employment information you have provided in connection with the aforesaid application.

By signing below, you acknowledge that misrepresentation of information by a client is grounds for denial and suspension of welfare assistance and may result in prosecution for crimes under New Hampshire law, including but not limited to falsification crimes, see RSA chapter 641, and/or Theft by Deception, see RSA 637:4. See generally Welfare Guidelines § XII(C)(9); RSA 165:1-b.

By signing below, you further acknowledge that you have either read or had this form read to you, and fully understand and agree with your responsibilities to provide accurate and complete information.

Applicant Printed Name

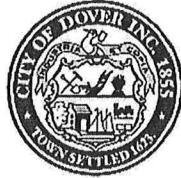
Applicant Signature

Date

**Printed Name of Person Completing
Form (if not applicant)**

**Signature of Person Completing
Form (if not applicant)**

Date



City of Dover Welfare Department
61 Locust Street, Suite 334, Dover, NH 03820
Phone (603) 516-6500 Fax (603) 516-6508

THIS APPLICATION IS A LEGAL DOCUMENT

Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material become the property of the CITY OF DOVER and shall be considered confidential.

YOU, THE APPLICANT, ARE RESPONSIBLE AT EACH APPOINTMENT FOR PROVIDING FULL AND ACCURATE INFORMATION REGARDING YOUR HOUSEHOLD INCOME AND EXPENSES, HOUSEHOLD MEMBERS, CURRENT ADDRESS, DETAILS OR YOUR CURRENT SITUATION AND ANY CHANGES IN REGARDS TO THIS INFORMATION.

All questions must be answered fully. Failure to complete any part of this application may delay processing the request for assistance. Blank spaces will be considered an omission of information. Applicants must comply with any requests for information by the Welfare Department necessary for determination and investigation of applicant's eligibility for assistance. Failure to comply with requests may result in withdrawal of the application for assistance, denial of assistance requested or suspension pursuant to RSA 165:1-b.

If you have any questions or anything on this form is unclear to you, you may contact our office during normal business hours Monday – Friday 8:00am till 4:00pm for further clarification.

I (we) have read and understand the above.

Signature: _____ Date: _____

Signature: _____ Date: _____



City of Dover Welfare Department
61 Locust Street, Suite 334, Dover, NH 03820
Phone (603) 516-6500 Fax (603) 516-6508

RELEASE

I (WE) AUTHORIZE AND REQUEST ANY RELATIVE, LAWYER, BANKER, INSURANCE CO., LOCAL WELFARE OFFICE, OR ANY OTHER ORGANIZATION OR PERSON HAVING INFORMATION CONCERNING MY/OUR ELIGIBILITY FOR ASSISTANCE TO FURNISH SUCH INFORMATION TO THE WELFARE DEPARTMENT. I (WE) HAVE THE RIGHT TO REVIEW IF I (WE) AM/ARE NOT SATISFIED WITH THE DECISION. I (WE) AUTHORIZE THE SOCIAL SECURITY OFFICE, SCHOOL PERSONNEL, COMMUNITY ACTION PROGRAM, OR ANY PERSON OR ORGANIZATION TO SUPPLY ANY INFORMATION NEEDED IN ORDER TO CONDUCT WELFARE BUSINESS.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____



City of Dover Welfare Department
61 Locust Street, Suite 334, Dover, NH 03820
Phone (603) 516-6500 Fax (603) 516-6508

INCOME TAX REFUND

PLEASE BE ADVISED THAT IF YOU ARE REQUESTING ASSISTANCE FROM THIS OFFICE, ALL INCOME TAX RETURNS WILL BE CONSIDERED INCOME AND MUST BE USED FOR ALLOWABLE EXPENSES SUCH AS RENT, UTILITIES, MEDICATIONS, MEDICAL BILLS, AND CHILD CARE. BUDGETS IN THIS OFFICE WILL INCLUDE ALL INCOME AND ASSISTANCE WILL BE DETERMINED FROM THE HOUSEHOLD BUDGET.

YOU ARE REQUIRED TO PROVIDE THIS OFFICE WITH A COPY OF YOUR INCOME TAX RETURN PAPERWORK. YOU MUST IMMEDIATELY NOTIFY THIS OFFICE OF ANY REFUND PAYMENT. **NOT DOING SO WILL BE CONSIDERED FRAUD AND WILL BE PROSECUTED ACCORDINGLY.**

I (WE) HAVE READ AND UNDERSTAND THE ABOVE. I (WE) WILL PROVIDE A COPY OF MY/OUR INCOME TAX PAPERWORK WITHIN 7 DAYS OF WHEN IT IS FILED. I (WE) WILL KEEP RECEIPTS OF WHAT THE MONEY HAS BEEN SPENT ON TO PROVIDE TO THE CITY OF DOVER IN THE EVENT THAT I (WE) NEED ASSISTANCE AGAIN IN THE FUTURE.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SELF-DECLARATION OF INCOME REPORT

City Of Dover, NH - Community Development Block Grant Program

Federal regulations require we obtain this information to document assistance is being provided to qualifying households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee shall retain this form for reporting requirements as well as for on-site monitoring visits.

Information provided on this form is kept secure on site and is only viewed by this Organization and the funding sources that provide CDBG funding. Those funding Sources do not remove the information from this location nor do they disclose names or other information provided on this form.

PARTICIPANT INFORMATION

PARTICIPANT STATUS: HOUSEHOLD INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

ETHNICITY (please select only one): Hispanic or Latino Not Hispanic or Latino

RACE (please select only one):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian <i>and</i> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American <i>and</i> White |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial: _____ |

HOUSEHOLD INFORMATION

1. Indicate the number of adults (18 years old and older) living in your Household: _____
2. In the table below, circle the total number of people living in your household.
3. In the table below, circle the corresponding total household income range below the number you circled in #2 above.

	Persons in Household							
	1	2	3	4	5	6	7	8
Extremely Low (30%) Income Limits	Less than \$21,351	Less than \$24,401	Less than \$27,451	Less than \$30,501	Less than \$32,951	Less than \$35,401	Less than \$39,641	Less than \$44,121
Very Low (50%) Income Limits	Between \$21,351 & \$35,600	Between \$24,401 & \$40,700	Between \$27,451 & \$45,800	Between \$30,501 & \$50,850	Between \$32,951 & \$54,950	Between \$35,401 & \$59,000	Between \$39,641 & \$63,100	Between \$44,121 & \$67,150
Low (80%) Income Limits	Between \$35,601 & \$54,950	Between \$40,701 & \$62,800	Between \$45,801 & \$70,650	Between \$50,851 & \$78,500	Between \$54,951 & \$84,800	Between \$59,001 & \$91,100	Between \$63,101 & \$97,350	Between \$67,151 & \$103,650
-	<i>More than</i> \$54,950	<i>More than</i> \$62,800	<i>More than</i> \$70,650	<i>More than</i> \$78,500	<i>More than</i> \$84,800	<i>More than</i> \$91,100	<i>More than</i> \$97,350	<i>More than</i> \$103,650

Portsmouth-Rochester, NH HUD Metro FMR Area

I certify the above information is true and correct to the best of my knowledge and will comply with any requests for information by the Welfare Department necessary for determination and investigation of the accuracy of the information provided above.

Participant/Guardian: _____ Date: _____
(Original signature is required)

City of Dover, NH
CDBG & CDBG-CARES: Rental and Utility Assistance Program
Applicant Background Information

Property/Address: _____ Date: _____

Household Information: provide the following information for each Person that occupies the unit:

Name (Last, First, MI)	Relationship to you	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number
Applicant:					
Other Occupants:					

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

Preferred Method of Contact: Phone Email Mailing Address

Household:

Does anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No

If Yes, explain _____

- What Coronavirus related event lead to inability to pay for rent or utilities:
 Layoff/furlough; Reduction in hours/pay; Loss of childcare; Inability to work to do to being medically compromised or caring for someone who is medically compromised
- Have you received rental or utility assistance since March of 2020 from other programs for:
 Rental Assistance: Yes No
 Utility Assistance: Yes No

If Yes for Rental Assistance, identify the program that provided assistance, the address for which you received assistance and months you were assisted: _____

If Yes for Utility Assistance, identify the program that provided assistance, the utility company, the address for which you received assistance and months you were assisted: _____

Certification:

Add certification info. (Information provided above is accurate, etc...)

Name (print)

Date

Signature

Case # _____

Community Action Partnership of Strafford County

Release Form

I, (please print full name clearly) _____ grant Community Action Partnership of Strafford County permission to release information to the following organization and/or any third party as stated below related to the case deemed by the client.

1. _____
2. _____
3. _____
4. _____

I grant permission for the following specific information from my record at Community Action Partnership of Strafford County to be released to the above named individuals:

- Attend appointment on my behalf
- Energy Program Assistance benefit status and amount
- Status of application, including discussing missing information
- Household financials for each individual
- All aspects of the Weatherization Program
- All aspects of housing and personal welfare
- Other: _____

This Release Form is good for 1 year from date of signature below

Client Signature

Date

Client Printed Name

Client Signature

Date

Client Printed name

Case # _____

Community Action Partnership of Strafford County

Release Form

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- Other: _____

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Client Signature

Date

Client Printed Name

Client Signature

Date

Client Printed name