CITY OF DOVER WELFARE DEPARTMENT

APPLICATION FOR GENERAL ASSISTANCE

Date of Application_____ Social Security #_____

1. **General Information:**

Name_____ Date of Birth _____

Address_____

How Long at this address?_____ Telephone _____ US Citizen ☐ Yes ☐ No

Marital Status: Never Married Married Widowed Separated Divorced

Spouse/Co-Applicant Name _____ DOB_____ 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 household: (related or unrelated):

Full Name	Relationship	Date of Birth	Social Security #

If at your current address less than 12 months, please list your past addresses going back 12 months:

Street	Town/City	State	Dates of Residence

2. **Housing Information:**

Rent Amount _____ per (month/week) Date Last paid _____ Date due _____

Do you have a current: ☐ Demand For Rent ☐ Eviction Notice ☐ 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**

	Highest Grade Attended	GED or Diploma	Special Training Skills	Military Service
Applicant:				
Spouse/CoApplicant:				

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

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

Are you unemployed now? _____ Reason _____

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

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

List current and two most recent jobs for yourself and all household members 18 or older

Name	Employer	Wage	Employ Dates	Reason Leaving

4. **Household Assets:**

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

Name	Bank/Credit Union	Savings Acct #	Balance	Checking Acct #	Balance

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/Snowmobiless/ATV's/RV's _____

Other Assets (Please list) _____

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

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____

Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____

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:

Owner	Auto Make	Model Year	Value	Payments	Insurance

5. **Household Income**

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

	Name	Date Applied	Date Last Received	Monthly Amount
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				
Other: [ ]				

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

Name	Agency Name	Contact Person

6. **Household Expense:**

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 Payment _____ 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 the following details:

Your Father _____ Address _____
Your Mother _____ Address _____
Co-applicant father _____ Address _____
Co-applicant mother _____ Address _____
Your or co-applicant's children who are not in the home _____

9. Certification 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 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. (RSA165:28-a)

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

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 _____,

(Welfare Official)

Town/city of DOVER welfare official, 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

NH Department of Health & Human Services (DHHS)
Division of Family Assistance (DFA)

DFA Form 11
08/12 rev. 9/15

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 STREET
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)