

Town of Wilton

Welfare Assistance

Town Hall
42 Main St
Wilton, NH 03086

Appointments & Contact Information

- Thursday 3:00 – 7:00 PM
- Friday 1:00 – 4:00 PM
- Tel: 603-654-9451
- Fax: 603-654-6663
- Email: cjg@wiltonnh.org

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

Street	Town/State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Housing Information:

Rent amount \$ _____ per (Wk/Month) _____ 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: Name _____ Telephone _____

Address _____

Home Owner: Monthly Mortgage \$ _____ Date last paid _____ Due date _____

Bank/Mortgage Co _____ Address _____

Bank/Mortgage Co Tel # _____ Loan ID # _____

1. Education / Training / Employment

	Highest Grade <u>Attended</u>	G.E.D. or <u>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 began work _____ 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? _____

Current and two most recent jobs: applicant & household members aged 18 & older:

Employer	Dates Of employment	Reason for leaving	Net Pay amount	Weekly/ bi weekly

Household Assets:

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

<u>Name on Account</u>	<u>Bank Name or Credit Union Name</u>	<u>Acct. #</u>	<u>Balance</u>	<u>Checking or Savings?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Cash on hand (all household combined) _____ Certificates of Deposit (CDs) _____

Savings Bonds _____ Mutual Funds _____ Annuities _____

_____ Stocks _____

Trust Funds _____ Retirement Accounts _____ Ins Policy(s) (cash value) _____

401K _____ Property other than primary residence _____ Location _____

Other Investments _____ Motorcycles/Boats/Snowmobiles/ATVs/RVs _____

Other Assets (please list) _____

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

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____

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</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Household Expenses

List actual or estimated regular monthly expenses. (Not all expenses will 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 _____
- Cell Phone _____ Cigarettes _____ Other _____
- 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. Liability for Support Information

Please provide following details:

Your parent _____ Address _____

Your parent _____ Address _____

Co-applicant parent _____ Address _____

Co-applicant parent _____ Address _____

Your or co-applicant's adult children _____

9. Certifications and Signatures

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work program ("workfare"). (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

REQUIRED VERIFICATIONS

Applicant Name: _____

Date: _____

Social Security Number: _____

DOB: _____

Address: _____

Phone: _____

YOUR APPOINTMENT IS SCHEDULED FOR:

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:

- _____ Completed Application Form
- _____ Rental Verification Form
- _____ Last four week pay-stubs or other proof of net wages
- _____ Last four week's receipts or other proof of bills paid or currently due
- _____ Employment verification form from your employer
- _____ Employment termination form from your last employer
- _____ You have applied for / are receiving Social Security benefits
- _____ You have applied at the HHS District Office for:
 - Emergency Food Stamps Food Stamps TANF
 - Title XX Daycare APTD/MA OAA
 - TANF Emergency Assistance
- _____ You have applied for / are receiving Fuel Assistance benefits
- _____ Verification of injury or illness
- _____ You have applied for / are receiving Unemployment Compensation
- _____ If available, picture ID (Adults); Birth certificate/SS card (minors)
- _____ Vehicle registration
- _____ Savings and checking account, liquid asset statements, bankbooks
- _____ Statement child support payments received / Child support court order
- _____ Statement from room-mate(s) regarding division of expenses

Other: _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Applicant signature

TOWN OF WILTON, NEW HAMPSHIRE

AUTHORIZATION FOR THE RELEASE OF INFORMATION – From Dept of Health & Human Services (DHHS)

I, _____, the undersigned, understand that from time to time, The Local welfare administrator for **Wilton**, NH may require information about assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called "deeming"
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

I understand that I have the option to provide any or all of the requested information myself.

I understand that any use of the above information inconsistent with these purposes is forbidden.

I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

This authorization shall expire 180 days from the date it is signed.

Signature

Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

Witness relationship to you

Date

Applicant's Authorization to Furnish information
(Specific agency/individual)

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 _____ Town/City of Wilton welfare official, to obtain information from _____
Regarding factors relevant to my application for general assistants 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 administrator

VERIFICATIONS REQUIRED FROM WELFARE APPLICANTS

The following information must be presented at the time of your appointment. A good-faith effort to obtain any information which is not immediately available, may not delay processing. If you cannot obtain requested verifications, alternative means of providing the required proof will be discussed. Failure to make a good-faith effort to obtain required verifications or to complete the application may delay processing of the application or may result in denial of assistance.

1. **Identification** – Proof of identification such as picture ID, license, birth certificate, social security card.
2. **Marital Status** – Proof of marriage, divorce, or separation.
3. **Children** – Birth or baptismal certificate, and Social Security Cards.
4. **Residency** – Mortgage information, lease, rent receipt, or statement from person with whom you are staying or from whom you are renting. Include Mailing address and Tel # of Landlord or Mortgage Company. (Welfare Official is responsible for obtaining a Rental Verification form.)
5. **Expenses** – Bills from electric, gas, oil, propane, telephone, cable, storage unit, credit cards, medical facilities, cell phone, internet access, insurance, car payment, car repair, child support payments, Insurance etc. Documentation of all expenses (showing where money has been spent) for household members for the 4 weeks prior to appointment.
6. **Income** – Recent paycheck stubs, dating back to 4 weeks prior to appointment. (If necessary, a Wage Verification form will be used by the Welfare Official.) Documentation on any court ordered support payments, child support, Workers' Compensation, Social Security benefits, Unemployment, gifts/loans from family/friends, etc., and any other income received by the household for all adults and children.
7. **State Aid** – Documentation on State Assistance – TANF, Food Stamps, Health benefits, Child Care, etc. or Termination Notice from State Welfare office.
8. **Property** – Proof of real or personal property, such as registrations or deeds for all motor vehicles, trailers, boats, RVs, ATVs, motorcycles, snowmobiles, ownership of houses and/or land whether or not you're living there, etc.
9. **Cash Resources** – Bank statements showing balances and transactions for all savings, checking, credit union, 401K accounts, stocks, bonds, trusts, etc. If children have stocks or bonds, must provide proof that neither they nor you have access to funds.
10. **Unemployment** – Termination notice from previous employer (or Verification of Termination of Employment form may be used by Welfare Official). Documentation of Unemployment appointments and job searches.
11. **Medical** – If unable to work due to medical reason, a note from a physician is required stating medical condition and how it affects ability to be employed. Receipts for any prescriptions and medical supplies.

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE
FROM THE Town of Wilton**

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
5. You have a right to have a hearing to present your case.
6. You have a right have your assistance continued if you are already receiving assistance when you request a fair hearing.
7. You have a right to review the information in your file before your hearing.
8. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
9. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
10. You have a right to refuse to participate in municipal workfare program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.