

TOWN OF CAMPTON

APPLICATION FOR LOCAL WELFARE

1. Date _____

2. Name: _____ Soc. Sec. No. _____

3. Address _____ Telephone _____

4. What needs are you requesting assistance with?

5. Age ____ Birthdate _____ Place _____

6. Marital Status _____ Date of marriage/divorce _____

7. Spouse's name _____ SS# _____

8. Number in household __ List below all person living with you.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Do you own or rent (circle one)

10. If you rent:

Amount of rent _____ week/month Date due _____

Date last paid _____ Utilities included ? none ____ heat ____
elec. ____ water ____ other ____

Name of Landlord _____

Landlord's Address _____

Telephone _____

11. If you own:

Amount of Mortgage _____ month Date Due _____

Date last paid _____

List all payments included in mortgage (e.g.: insurance, taxes)

12. List all addresses for past two years (street, town, state)

13. Education

Last school grade completed: applicant ____ spouse/co-app _____

GED obtained: Applicant _____ spouse/co-app _____

Post high school courses/degrees or special training/job skills:

applicant _____

spouse/co-app _____

14. Work record of applicant

Employed now _____ Where _____

Position _____ When begin work _____

Unemployed now _____ Reason _____

Date last worked _____ Where _____

Amount and date of last paycheck _____

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

Work history (applicant): for the last 5 years, list all employers, dates of employment,

and reason for leaving.

15. Work of spouse/co-app/other household adults

Employed now _____ Where _____

Position _____ When start _____

Unemployed now _____ Reason _____

Date last worked _____ Where _____

Amount and date of last paycheck _____

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

16. Do you or any member of your household have income from any of the following sources?

	yes	no	amount
AFDC, APTD, OAA	_____	_____	_____
Workers Compensation	_____	_____	_____
SSI	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Annuity or Trust Fund	_____	_____	_____
Income from relatives or boarders	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Child Support	_____	_____	_____
Food Stamps	_____	_____	_____
Other (source and amount)	_____	_____	_____

17. Have you ever received any kind of public assistance?

Source _____

When _____

18. Does your household have any of the following resources?

Savings account (bank/amount) _____
Checking account (bank/amount) _____
Cash on hand (amount) _____
Stocks/bonds/securities _____
Real Estate (other than listed in question 11) _____
Motor vehicle(s) (year, make and payments of
each) _____
Other _____

19. Do you expect to receive a tax refund or any type of settlement?

20. In accordance with RSA 165:19, please provide the following:

Applicant's father _____ Address _____

Employer _____ Does he own real estate _____

Applicant's mother _____ Address _____

Employer _____ Does she own real estate _____

Spouse/co-app father _____ Address _____

Employer _____ Does he own real estate _____

Spouse/co-app mother _____ Address _____

Employer _____ Does she own real estate _____

CERTIFICATION

I, hereby, certify that the information I have provided on this application is true and complete to the best of my knowledge and belief and provides an accurate summary of my situation, assets, and needs. All information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief.

I understand I may have to provide documents and/or other forms of verification to prove the information asked on the application.

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 a crime.

Signature of Applicant

Spouse/co-applicant

Signature of person completing form
(if not applicant)

date

REIMBURSEMENT AGREEMENT

I acknowledge that I may be required to repay any assistance provided if I am returned to an income status which enables me to reimburse the town/city without financial hardship.

Signature of Applicant

Spouse/co-applicant

I agree that if I have a lawsuit, worker's compensation claim, or aid from any other social services agency now pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency which may be handling this claim on my behalf. I further agree to notify the Welfare Official immediately upon the receipt of any money from such claim or upon the settlement of such claim.

Name _____

Address _____

Phone _____

Signature of Applicant

Spouse/co-applicant

Note: The law requires the Town to place a lien for welfare aid received on any real estate owned by an assisted person in all cases except for just cause (RSA 165:28)

INFORMATION RELEASE

I understand that as part of the administration of this program, the Town/City may verify information I have provided on the application and any other information that would affect my eligibility. My signature below authorizes the Town/City to obtain verification from any person or organization, having information concerning my circumstances, including any relative, physician, lawyer, banker, employer, or insurance company, and authorizes release of such information to the Town/City. A photocopy of this signed release may be used in place of an original.

Signature of Applicant

Spouse/co-applicant

Date

Please be sure to list the actual income you have earned over the past month.

Name:

Date:

A. Available assets and income:

Amount (total by month)

TOTAL AVAILABLE INCOME _____

Please make sure you list expenses that you have actually paid, not what you owe.

B. Actual Expenses: (by Month)

Rent/Board/ Mortgage

Electric

Heat

Water/sewer

Cooking fuel

Telephone

Food (minus food stamps)

Maintenance

Other

TOTAL EXPENSES _____

C. Eligibility:

A. Total Available Income

B. Total Allowable Expenses

D. Area (s) in which assistance will be rendered and amount:
