



**Town of Alstead**  
**Select Board's Office**  
**15 Mechanic St. ~ PO Box 60**  
**Alstead, NH 03602**  
**P: 603-835-2986**  
**F: 603-835-2178**

The following documentation/verifications are required for you to bring to any appointment scheduled for you with the Welfare Official. Failure to provide this verification/documentation may cause any assistance to be delayed or denied. Please, call the phone number listed above if you have any questions.

- Completed Application Form; read, sign & date "Responsibilities of the Applicant/Client" in this packet.
- One identification for each household member (Driver's License, Birth Certificate, Social Security Cards, etc.)
- Last four weeks' pay-stubs or other proof of net wages on ALL employed household members. If you do not have 4 weeks of pay stubs, provide a statement from the employer(s) that includes the date of hire, start date, hourly rate, hours per week, pay schedule, contact name & phone number.
- Verification of any unearned income; includes, but is not limited to: Aid to the Permanently and Totally Disabled, Old Age Assistance, Childcare, Temporary Aid to Needy Families, Emergency Assistance, Social Security benefits for all household members, Child Support, and any loans or assistance from family or friends.
- If you are unemployed, verification that you have applied or are receiving Unemployment Compensation.
- Documentation of divorce, custody/child support and/or restraining orders.
- If you are applying for rental assistance, the Rental Verification Form **MUST** be filled out by the **LANDLORD prior** to your appointment.
- Notice to Quit / Demand for Rent
- Last 4 weeks of receipts and proof of bills paid. Written statement or a combination of receipts & statement accepted.
- Bills currently due, any disconnect notices, eviction papers.
- Verification of injury or illness – Doctor's note, if appropriate to your situation.
- Current 30-day activity report for all checking and savings accounts in the household; as well as bank verification of account balances within 48 hours of the appointment
- Lease Agreement
- Other \_\_\_\_\_

**Form A**  
**Town of Alstead**  
**APPLICATION FOR ASSISTANCE**

Date of Application \_\_\_\_\_ Referred by \_\_\_\_\_

**1. General Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security number \_\_\_\_\_ US Citizen? \_\_\_\_\_

Marital Status \_\_\_\_\_ Rent or Own? \_\_\_\_\_ How long at this address? \_\_\_\_\_

Spouse/Co-Applicant Name \_\_\_\_\_ 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 your household:**

Full Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Street	Town/City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





## 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	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Workers' Compensation	_____	_____	_____	_____
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 _____	Driver's 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 father \_\_\_\_\_ Address \_\_\_\_\_

Your mother \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant father \_\_\_\_\_ Address \_\_\_\_\_

Co-applicant mother \_\_\_\_\_ 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 (“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, workers’ 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 165:28-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 and/or Theft by Deception. RSA 637:4, :11.

I understand that any relative in the line of father, mother, step-father, step-mother, son, daughter, husband, or wife may be called upon to provide my needed assistance if they can do so without financial hardship to them. RSA 165:19.

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.

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Applicant Signature

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Date

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Spouse or Co-applicant Signature

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Date

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Signature of person completing form  
(if not applicant)

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Date

Form D  
**Town of Alstead**

**APPLICANT'S AUTHORIZATION TO  
FURNISH INFORMATION**

I/We, \_\_\_\_\_, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form  
(if not applicant); Relationship to applicant

\_\_\_\_\_  
Date



Form I  
Town of Alstead

EMPLOYMENT VERIFICATION FORM

To Employer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**For the purpose of administration of municipal assistance, the following information is required for:**

\_\_\_\_\_  
[Name of employee]

Date of Hire \_\_\_\_\_ Date starting/started work \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_

Full/part time \_\_\_\_\_ Hours per week \_\_\_\_\_ Paid  weekly  biweekly  other \_\_\_\_\_

Date of first/most recent paycheck \_\_\_\_\_ Net amount \_\_\_\_\_

=====

If \_\_\_\_\_ is no longer employed by your company:

Date of termination/separation \_\_\_\_\_ Date/net amount of last paycheck \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of immediate supervisor or person completing form

\_\_\_\_\_  
Date

I, \_\_\_\_\_, authorize the release of information regarding my employment to the  
Welfare Official of the town of Alstead.

Signature: \_\_\_\_\_

Form J  
Town of Alstead

RENTAL/MORTGAGE  
VERIFICATION FORM

***THIS FORM MUST BE COMPLETED BY THE LANDLORD/MORTGAGE COMPANY***

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number/Street) (Apt. #) (City) (State)

Number of adults in apartment: \_\_\_\_\_ Number of children in apartment: \_\_\_\_\_

List of people in apartment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rent/Mortgage amount: \$ \_\_\_\_\_; paid  monthly  weekly  other \_\_\_\_\_

If subsidized rent, please list tenant portion: \$ \_\_\_\_\_

Date last rent/mortgage was paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Back rent owed: \_\_\_\_\_

*(If back rent/mortgage is owed, please attach accounting of months and amounts)*

Occupancy date: \_\_\_\_\_ Security Deposit: Amount: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Rent Includes:  All Utilities  No Utilities  Hot Water  Heat  Electric

Type of Heat:  Electric  Oil  Gas  Other \_\_\_\_\_

**For IRS reporting, landlord's Tax ID or Social Security # must be provided:**

Tax ID #: \_\_\_\_\_ **OR** Social Security #: \_\_\_\_\_

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

**CHECKS MADE PAYABLE TO: (PLEASE PRINT CLEARLY)**

\_\_\_\_\_  
Landlord/ Mortgage's Name

\_\_\_\_\_  
Telephone / Fax Numbers

\_\_\_\_\_  
Landlord/Mortgage Address

\_\_\_\_\_  
Name of Manager or other Representative

\_\_\_\_\_  
Landlord/Mortgage Signature

\_\_\_\_\_  
Date