

FORM G

**Town of Alstead
INTAKE FORM**

(to be completed at the time of each request for assistance)

DATE: _____

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Street / # / Apartment Town

HOW LONG AT THIS ADDRESS? _____ TELEPHONE: _____

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME? _____

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS: _____

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME.
THIS INCLUDES CASH, SAVINGS AND CHECKING ACCOUNTS:

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST VISIT.

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