

# **TOWN OF ENFIELD, NH**

## **APPLICATION FOR ASSISTANCE**



1. Complete this application and collect all the documentation as listed on the next page that is applicable to your household.
2. Call 603-442-5429 to make an appointment for an interview.
3. Make use of any Upper Valley agencies offering assistance as well.

### **Some agencies are listed below:**

- Tri-County CAP- Fuel Assistance/ Electric Assistance/  
Weatherization Assistance, 603-968-3560
- LISTEN Community Services- Food Pantry/ Housing Helper/  
Grants/ Utility Assistance/ Thrift Store Vouchers/ Gasoline/  
Medication, 603-448-4553
- Upper valley Haven- Food Pantry/ Homeless Shelter/ Service  
Coordination, 802-295-6500

### **Homeless Services**

- 24/7 call 2-1-1 or 1-866-444-4211 if dialing a "9" first
- 24/7 call the Upper Valley Haven at 802-295-6500
- Call Tri-County CAP at 603-443-6150
- Call UVGEAR at 603-443-7673

## CHECKLIST FOR COMPLETED APPLICATION

### ENFIELD HUMAN SERVICES

COMPLETED APPLICATION INCLUDES SIGNED APPLICATION FORM PLUS SUPPORTING DOCUMENTATION TO INCLUDE THE FOLLOWING: (Please check all that apply)

☐ **Personal Identification**

(Required for ALL ADULT Household Members)

☐ **Birth Certificates & Social Security Cards**

(ALL Household Members)

☐ **Proof of Residence**

(Lease & Most Recent Utility Bills)

☐ **Proof of Household Income** (Previous 4 Weeks Paystubs for ALL ADULT Household Members)

☐ **Proof of Other Assistance** (Please circle **Y** if you Receive, **N** if you do not, or **N/A** if this is not Applicable to you)

Y N N/A (Social Security (Over 65, SSDI, or SSI)

Y N N/A FANF, APTD

Y N N/A Food Stamps

Y N N/A Medicaid, Medicare

☐ **Most Recent Tax Return**

☐ **Proof of Personal Property** (Registration or Title for Vehicles, Motorcycles, Trailers, Home, ATV, etc.)

☐ **Proof of Expenses Paid in the Last 4 Weeks** (Receipt or Other Proof of Household Expenses to Include):

- Rent/ Mortgage

- Food

- Utilities

- Prescription Medicine

- Household/ Personal Expenses

- Child Care

- Child Support (if not deducted from pay)

- Any other Expenses Paid Out of Pocket

Y N N/A Old Age Assistance (Over 62)

Y N N/A Veteran's Benefit's

Y N N/A Child (or Other) Support (Provide Court Order)

Y N N/A Unemployment

Y N N/A Worker's Compensation

Y N N/A Private Disability

☐ **Proof Laid Off From Employment**—If applicable, and Employer Verification Form must be completed by former employer and faxed, emailed, or mailed directly to Human Services Director. If unemployed/laid off, you may be required to provide proof that you are enrolled in the NH Employment Security Job Match Program and/or other job Databases.

Y N N/A Retirement/ Pension

Y N N/A Fuel Assistance

Y N N/A Electric Discount Program Or Neighbor Helping Neighbor

Y N N/A Rent to Prevent Eviction (Other Agencies)

Y N N/A Rent to Secure Permanent Housing (Other Agencies)

Y N N/A Electric Assistance (Other Agencies)

**For Requests For Rental Assistance**

☐ Demand for Rent

☐ Eviction Notice

☐ Rental Verification Form

☐ **Termination of Benefits** (Provide Notice from any other City/Town Human Services Agency or State/Federal Assistance Program)

☐ **Proof of Cash Resources/ Assets**

Y N N/A 30 Day Activity Report for ALL Savings, Checking, Credit Union Accounts for ALL Household Members

Y N N/A Statement of Retirement, Investment, Pension Plan with Verification that Funds Can/Cannot be withdrawn

Y N N/A Statement of Life Insurance (If Loan is Available)

**Applicant:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

# TOWN OF ENFIELD, NH

## APPLICATION FOR ASSISTANCE



Date of Application: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

### **General Information**

#### **Applicant**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you known by any other name (Maiden, etc.)? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ US Citizen? \_\_\_\_\_

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

#### **Co-Applicant**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you known by any other name (Maiden, etc.)? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ US Citizen? \_\_\_\_\_

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

**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 |
|--------|-----------|-------|--------------------|
| _____  | _____     | _____ | _____              |
| _____  | _____     | _____ | _____              |
| _____  | _____     | _____ | _____              |

**Housing Information:**

Rent amount: \_\_\_\_\_ per (month/week): \_\_\_\_\_ 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: \_\_\_\_\_

**IF HOME-OWNER:** Mortgage Amount: \_\_\_\_\_ Date last paid: \_\_\_\_\_ Owed: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Education/ Training/ Employment:**

| Highest Grade<br>Attended  | G.E. D or<br>Diploma | Special Training<br>or Skills | Military<br>Service |
|----------------------------|----------------------|-------------------------------|---------------------|
| Applicant: _____           |                      |                               |                     |
| Spouse/Co-Applicant: _____ |                      |                               |                     |

**Applicants Work History:**

Are you employed now? \_\_\_\_\_ Employer: \_\_\_\_\_ Position: \_\_\_\_\_

When began work? \_\_\_\_\_ Date/Amount of most recent check: \_\_\_\_\_

Are you unemployed currently? \_\_\_\_\_ Reason: \_\_\_\_\_

Date last worked: \_\_\_\_\_ Employer: \_\_\_\_\_ Date/Amount of last check: \_\_\_\_\_

Are you able to work now? \_\_\_\_\_ If not able, why not? \_\_\_\_\_

**Current and two most recent jobs of yourself and all household members aged 18 & older:**

| Name  | Employer | Pay   | Weekly/Bi-Weekly | Employment Dates | Reason for Leaving |
|-------|----------|-------|------------------|------------------|--------------------|
| _____ | _____    | _____ | _____            | _____            | _____              |
| _____ | _____    | _____ | _____            | _____            | _____              |
| _____ | _____    | _____ | _____            | _____            | _____              |
| _____ | _____    | _____ | _____            | _____            | _____              |
| _____ | _____    | _____ | _____            | _____            | _____              |
| _____ | _____    | _____ | _____            | _____            | _____              |

**Household Assets:****Provide information regarding accounts held by you an all-household member:**

| Name  | Bank/Credit Union | Savings | Savings | Checking | Checking |
|-------|-------------------|---------|---------|----------|----------|
|       |                   | Acct. # | Balance | Acct. #  | Balance  |
| _____ | _____             | _____   | _____   | _____    | _____    |
| _____ | _____             | _____   | _____   | _____    | _____    |
| _____ | _____             | _____   | _____   | _____    | _____    |
| _____ | _____             | _____   | _____   | _____    | _____    |
| _____ | _____             | _____   | _____   | _____    | _____    |

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

Cash on hand (all household combined): \_\_\_\_\_ 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/Snowmobiles/ATV's/RV's: \_\_\_\_\_

Other Assets (please list): \_\_\_\_\_

**Claims/Settlements/Income due to you or any household member:**

IRS Refunds: \_\_\_\_\_ Insurance Claims: \_\_\_\_\_ 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 vehicle owned by you and all household members:**

| Owner | Auto Make | Model | Year  | Value | Payments | Insurance |
|-------|-----------|-------|-------|-------|----------|-----------|
| _____ | _____     | _____ | _____ | _____ | _____    | _____     |
| _____ | _____     | _____ | _____ | _____ | _____    | _____     |
| _____ | _____     | _____ | _____ | _____ | _____    | _____     |

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

|                              | Name  | Date<br>Applied | Date Last<br>Received | Monthly<br>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 (Woman,Infants,Children)    | _____ | _____ | _____ | _____ |
| Workers' Compensation           | _____ | _____ | _____ | _____ |
| Other: [                      ] | _____ | _____ | _____ | _____ |

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

| Name  | Agency Name | Contact Person |
|-------|-------------|----------------|
| _____ | _____       | _____          |
| _____ | _____       | _____          |
| _____ | _____       | _____          |

**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 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 \_\_\_\_\_

**Criminal Information:**

Have you or any member of your household ever been convicted of a felony which has not been annulled?

Yes or No? \_\_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

Town/City & State of Conviction: \_\_\_\_\_ Details of Conviction: \_\_\_\_\_

Are you or any member of your household presently on parole or probation? Yes or No? \_\_\_\_\_

If yes, who? \_\_\_\_\_ Court or Jurisdiction? \_\_\_\_\_

Name & phone number of parole/probation officer \_\_\_\_\_

**Liability for Support Information:**

Please provide following details:

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Co-Applicant's Father: \_\_\_\_\_ Address: \_\_\_\_\_

Co-Applicant's Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Your or co-applicant's adult children: \_\_\_\_\_

## **Certification and Signatures**

I understand that if I receive assistance from The Town of Enfield 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 Town of Enfield 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 Community Resource Director immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, The Town of Enfield may place a lien against any property settlement or civil judgement for person; 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 completed 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 Community Resource Director 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 if 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 Town of Enfield, and I later quit the job without good cause, I may be ineligible for local assistance from The Town of Enfield and any other New Hampshire municipality for a period of up to ninety days. RSA 165:1-d.

Understand that f I am a resident of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss if income, The Town of Enfield 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

---

Spouse or Co- Applicant Signature

---

Date

---

Signature of person completing from (if not applicant)

---

Date



## **APPLICANT'S & CO-APPLICANT' AUTHORIZATION**

### **TO FURNISH INFORMATION**

I/We authorize any relative, landlord, 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 Human Services Director of the Town of Enfield. I/We also authorize any federal/state/county agency, including but not limited to: the Internal Revenue Service, Social Security Administration, NH Department of Health and Human Services, NH Employment Security, New Hampshire Legal Assistance, any City/Town Human Services (Welfare) Department, homeless or other type of shelter, Community Action Program, Veteran's Administration, fraternal order, or any other entity (non-profit, social service or otherwise) having information concerning my/our circumstances, to release and furnish such information from their files to the Enfield Human Services Office. In addition, I/We authorize the Enfield Human Services Office to release information from their files to the agencies/entities listed above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Relationship to applicant: \_\_\_\_\_



## **RENTAL VERIFICATION FORM**

***\*This form must be completed by the landlord or authorized agent\****

Owner's Social Security Number or IRS/TIN Number: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_  
Name/ Address check to be made payable to and mailed: \_\_\_\_\_

Is owner current with Property Taxes? Yes \_\_\_\_ / No \_\_\_\_ Water/ Sewer Bill? Yes \_\_\_\_ / No \_\_\_\_  
Tenant's Name: \_\_\_\_\_ Household Members: Adults \_\_\_\_/ Children \_\_\_\_  
List of Household Members: \_\_\_\_\_

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

Is Rental Unit a: ☐ Room ☐ Apartment ☐ Single-Family House \_\_\_\_ Number of Bedrooms  
Rent Includes: ☐ All Utilities ☐ No Utilities ☐ Hot Water ☐ Heat ☐ Electric ☐ Other  
Type of Heat: ☐ Electric ☐ Oil ☐ Propane ☐ Other \_\_\_\_\_

Appliances Included: ☐ Stove ☐ Refrigerator ☐ Dishwasher ☐ Washer/Dryer ☐ Microwave  
Rent Amount: \$ \_\_\_\_\_; Paid ☐ Monthly ☐ Weekly ☐ Other Form of Payment: \_\_\_\_\_

Is property subdivided?

If yes, list actual monthly rent collected: \$ \_\_\_\_\_ Tenant portion: \$ \_\_\_\_\_

Date Rent is Due: \_\_\_\_\_ Time period for which rent was last paid: from \_\_\_\_\_ to \_\_\_\_\_

Occupancy Date: \_\_\_\_\_ Security Deposit Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Comments: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

***\*Agent may sign only if a letter authorizing the agent to sign has been provided to Human Services\****  
*Payments are made directly to the landlord. This is not an authorization for payment.*