



## REQUIRED VERIFICATIONS

Applicant Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

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

Phone: \_\_\_\_\_

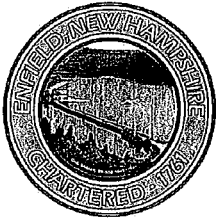
**YOUR APPOINTMENT IS SCHEDULED FOR: PLEASE CALL**

You must provide the following documentation (if applicable) at this appointment or assistance may be delayed or denied:

- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Rental Verification Form and Eviction Notice
- \_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages, other income, i.e., Worker's Compensation, Social Security Benefits, Unemployment, Student loans/grants, TANF, Child Support, Family support.
- \_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due
- \_\_\_\_\_ Employment verification form from your employer (if newly hired)
- \_\_\_\_\_ Employment termination form from your last employer
- \_\_\_\_\_ You have applied and/or are receiving Social Security benefits
- \_\_\_\_\_ You have applied at the HHS District Office and benefit is pending or you're receiving
  - ☐ 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
- \_\_\_\_\_ Picture ID (Adults); Birth certificate/SS card (minors)
- \_\_\_\_\_ Vehicle(s) 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.



ENFIELD HUMAN SERVICES

P.O.Box 373

23 Main Street

Enfield, NH 03748

OFFICE HOURS

Monday-Friday 9AM -2PM by Appointment

APPLICATION FOR ASSISTANCE

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

1. **General Information:**

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

Address \_\_\_\_\_

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 previous addresses:

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

2. **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 \_\_\_\_\_

Bank/Mortgage Co \_\_\_\_\_ Address \_\_\_\_\_

3. **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/most recent job held by yourself and all household members aged 18 & older:**

Name	Employer	Pay	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### 4. Household Assets:

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

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>	<u>Checking</u> <u>Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**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 Refund \_\_\_\_\_ Insurance Claim \_\_\_\_\_ 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 vehicles owned by you and all household members:**

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## 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)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other: [                      ]	_____	_____	_____	_____

Are you or any other household member 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 _____	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 \_\_\_\_\_

Are you or any member of your household currently involved in any litigation/court actions?

If yes, who? \_\_\_\_\_ Offense/Court date: \_\_\_\_\_

## 8. Liability for Support Information

Please provide following details:

Your father \_\_\_\_\_ Address \_\_\_\_\_

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

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

Co-applicant mother \_\_\_\_\_ Address \_\_\_\_\_

## 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, 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)

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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

---

Signature of person completing form  
(if not applicant)

---

Date



**APPLICANT'S & CO-APPLICANT' 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 Human Services Director of the Town of Enfield. 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 Town of Enfield, Human Service Office..

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

\_\_\_\_\_  
Date

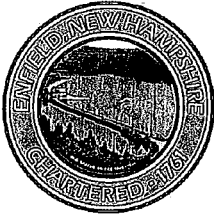
\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





## AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, \_\_\_\_\_, the undersigned, understand that from time to time,

Print Your Name

the local welfare administrator for the Town of Enfield, Human Services Office may require certain 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

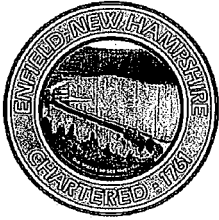
\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**Town of Enfield**  
Department of Human Services  
23 Main Street, P.O. Box 373  
Enfield, New Hampshire 03748

**VERIFICATION REQUEST  
DEPARTMENT OF EMPLOYMENT SECURITY**

In order to determine assistance, it is necessary to have the following information completed by the Department of Employment Security.

I, \_\_\_\_\_ SS# \_\_\_\_\_

authorize the Department of Employment Security to release any information needed by the Town of Enfield, Human Services Office to determine my eligibility.

Type of Registration \_\_\_\_\_  
Compensation Registration Other

Amount of benefits expected: \$ \_\_\_\_\_

When benefits are expected to begin: \_\_\_\_\_ End \_\_\_\_\_  
Date Date

Was claim denied? \_\_\_\_\_ Reason denied \_\_\_\_\_

Has he/she registered for any programs available through your office? \_\_\_\_\_

If so what program? \_\_\_\_\_ Entry date: \_\_\_\_\_

Was he/she referred to any other agency(s)? \_\_\_\_\_ If so what agency(s)? \_\_\_\_\_

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

\_\_\_\_\_  
Signature DES

\_\_\_\_\_  
Date



**TOWN OF ENFIELD  
HUMAN SERVICES OFFICE  
P.O.Box 373  
Enfield, NH 03748**

**RENTAL REQUEST  
TO BE COMPLETED BY OWNER OR AUTHORIZED AGENT**

OWNER'S Social Security Number or I.R.S. Number \_\_\_\_\_

OWNER'S Name \_\_\_\_\_ AGENT'S Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name & Address to which check should be mailed: \_\_\_\_\_  
\_\_\_\_\_

Is Owner current with Property Taxes? Yes \_\_\_\_\_ No \_\_\_\_\_ Water/Sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Renter's Name \_\_\_\_\_ Number of People \_\_\_\_\_

Rental Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

Rental Amount: ( ) Weekly \_\_\_\_\_ ( ) Bi-Monthly \_\_\_\_\_ ( ) Monthly \_\_\_\_\_

Time period for which rent was last paid: From \_\_\_\_\_ To \_\_\_\_\_

Date Client moved in \_\_\_\_\_ Date Rent Due \_\_\_\_\_

Please check appropriate space(s) for above referenced dwelling:

( ) Room ( ) Apartment ( ) Single-Family Dwelling Number of rooms \_\_\_\_\_

Appliances Included: ( ) Stove ( ) Refrigerator

Utilities Included: ( ) Electricity ( ) Gas ( ) Heat ( ) None

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

PAYMENTS WILL BE MADE DIRECTLY TO LANDLORD. THIS IS NOT AN AUTHORIZATION FOR PAYMENT. FAILURE TO NOTIFY THE HUMAN SERVICES OFFICIAL WITHIN 72 HOURS OF A CHANGE OF HOUSEHOLD SIZE COULD JEOPARDIZE PAYMENTS OF RENT.