 **Town of Bristol, Human Services**

**5 School Street**

**Bristol, NH 03222**

**\_\_**

**townofbristolnh.org**

**(603) 744-2522**

**Human Services Application**

To Whom It May Concern,

If you are in need of assistance from the Town of Bristol’s Human Services Office please complete this application completely and return it to this office. Please be sure to include the information listed on the Required Verifications page as well. Originals will be returned to you if you do not provide copies.

Please print clearly:

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Telephone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Telephone (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will receive an email from me when I have received your application.

Thank you and if you have any questions please contact me.

Ingrid Heidenreich

Human Services Director

Town of Bristol

[humanservices@townofbristolnh.org](mailto:humanservices@townofbristolnh.org)

**Responsibilities Of Each Applicant and Recipient**

At the time of initial application, and at all times thereafter while receiving assistance, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Human Services Director within 72 hours when a change in needs or resources may affect eligibility for continuing assistance.
3. To keep all appointments as scheduled and to return all information that is needed within the specified time frames so that once assistance is granted, no lapse of benefits such as from other sources.
4. To notify the Human Services Director within 72 hours of a change of address and any change in the members of the household.
5. To diligently search for employment and provide verification of application for employment when requested following a determination of eligibility for assistance.
6. To accept employment when offered, following a determination of eligibility for assistance.
7. To provide a Doctor’s statement if any work-eligible adult in the household claims an inability to work due to medical problems.
8. To participate in the welfare work program if physically and mentally able, following a determination for eligibility for assistance.
9. To immediately notify the Human Services Director of any new employment or income that would change the amount of assistance.

*A recipient’s assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification.*

*Any person may be denied from assistance or prosecuted for a criminal offense (welfare fraud), who, by means of intentionally false statements or intentional misrepresentation or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.*

These responsibilities have been read and I believe that I understand my responsibilities when apply for assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Co-Applicant Date

**Instructions and Information on Application**

To apply for assistance from the Town of Bristol Human Services Department, you must **fully** **complete** this application. All documentation requested is required to complete the process. A decision cannot and will not be made until all documentation has been provided.

As you complete this application for General Assistance, we ask you to remember that local welfare is intended to assist temporarily and is not automatic, on-going or indefinite. This program is funded through local taxpayer dollars in this community. The law requires that you cooperate with the Human Services Director and take responsibility for your own personal behavior and actions.

If you are not currently employed full-time, you will be required to complete an extensive job search defined as three (3) to five (5) contacts per day and provide required documentation of such.

If you are unable to work due to a medical (physical or mental) reason, you must provide medical documentation from your medical provider.

If you have recently lost/left employment, you will need to have your previous employer complete the Employment Form. You will also be required to enroll in the Unemployment Program.

The Employment Verification Form must be completed for each job, by each working member of the household This should be completed by your Employer and returned to this Office, should they have any questions they can reach out directly.

The Rental Verification Form must be completed by your Landlord and returned to this Office, should they have any questions they can reach out directly.

Lastly, you are expected to do everything possible to live withing your income by adjusting your financial situation to eliminate the need for General Assistance. You will be required to provide this office with on-going verifications and information as requested.

**Notice of Rights of Anyone Receiving Assistance**

**From the Municipality of Bristol, New Hamshire**

You have the following rights:

* You have the right to make a written application for assistance, even if the Human Services Director tells you that you are not eligible.
* You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
* You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
* You have the right to appeal any decision you do not agree with. You must appeal withing five (5) working days after you received your decision.
* You have a right to have a hearing to present your case.
* You have a right to have your assistance continued if you are already receiving assistance when you request a fair hearing.
* You have a right to review the information in your file before your hearing.
* You have a right to see the guidelines used by the Human Services Director in making decisions on your application.
* You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
* You have a right to refuse to participate in a Municipal Workfare Program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

**Application For Assistance**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***General Information:***

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Co-Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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 Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 \_\_\_\_\_\_\_ 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 in rent: Heat Electric Gas Water/Sewer Other \_\_\_\_\_\_\_\_\_\_

Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If Home Owner: Mortgage Amount: $\_\_\_\_\_\_\_\_\_\_\_\_ Date last paid: \_\_\_\_\_\_\_\_ Owed: $\_\_\_\_\_

Bank/Mortgage Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Education/Training/Employment:***

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

***Applicant Work History:***

Are you employed now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date started: \_\_\_\_\_\_\_\_\_\_\_ Date and Amount of most recent paycheck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you unemployed now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for unemployed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last worked: \_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and amount of last check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to work now? \_\_\_\_\_\_\_\_\_\_ If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Co-Applicant Work History:***

Are you employed now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date started: \_\_\_\_\_\_\_\_\_\_\_ Date and Amount of most recent paycheck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you unemployed now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for unemployed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last worked: \_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and amount of last check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to work now? \_\_\_\_\_\_\_\_\_\_ If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Employer | Pay | Weekly/Biweekly | Employment Dates | Reason for Leaving |
|  |  | $ |  |  |  |
|  |  | $ |  |  |  |
|  |  | $ |  |  |  |
|  |  | $ |  |  |  |
|  |  | $ |  |  |  |
|  |  | $ |  |  |  |

***Household Assets:***

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Bank/Credit Union | Type of Account | Account Number | 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/ATVs/RVs: $\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claims/settlements/income due to you or any household member:

IRS Refund: $\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Claim: $\_\_\_\_\_\_\_\_\_\_\_\_

Retroactive disability check: $\_\_\_\_\_\_\_\_\_\_\_\_

Retroactive Unemployment check: $\_\_\_\_\_\_\_\_\_\_\_\_

Retroactive 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 and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or any household member have a lawsuit pending? \_\_\_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawyer Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motor vehicles 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 members:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Date Applied | Monthly Amount | Date Last Received |
| ANB (Aid to the Needy Blind) |  |  |  |  |
| APTD |  |  |  |  |
| Child Support |  |  |  |  |
| Disability (Employer) |  |  |  |  |
| Food Stamps (SNAP) |  |  |  |  |
| 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 (ie: Bristol Community Services, Churches, Salvation Army, etc)

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

***Household Expenses:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bank Fees | $ | Diapers | $ | Mortgage | $ |
| Bus/Cab | $ | Electric | $ | Prescriptions | $ |
| Cable/Internet | $ | Food | $ | Rent | $ |
| Child Support Paid | $ | Fuel Oil | $ | Rent-to-Own | $ |
| Car Gasoline | $ | Propane (bottled gas) | $ | School Loan | $ |
| Car Insurance | $ | Car Payment | $ | Storage | $ |
| Health Insurance | $ | Telephone | $ | Cell Phone | $ |
| Condo Fee | $ | Laundry | $ | Child Care | $ |
| Loan(s) | $ | Credit Card(s) | $ | Lot Rent | $ |
| Other\_\_\_\_\_\_\_\_\_\_ | $ | Other\_\_\_\_\_\_\_\_\_\_\_ | $ | Other\_\_\_\_\_\_\_\_\_\_\_ | $ |

List irregular, periodic expenses, unplanned or emergency expenses:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Car Inspection | $ | Car Registration | $ | Car Repair | $ |
| Dental | $ | Driver’s License | $ | Fines/Court Payments | $ |
| Home Repairs | $ | Home/Rental Insurance | $ | Medical | $ |
| Sewer/Water | $ | Tax (Income/Property) | $ | Other | $ |

Please use this space to indicate payment plans with utilities, creditors, collection agencies etc.:

|  |
| --- |
|  |

***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 and State of conviction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details of conviction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or any member of your household presently on parole or probation \_\_\_\_\_yes \_\_\_\_\_no.

If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court or jurisdiction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Liability for Support Information:

Please provide the following details:

|  |  |  |  |
| --- | --- | --- | --- |
| Your father |  | Address |  |
| Your mother |  | Address |  |
| Co-Applicant father |  | Address |  |
| Co-Applicant mother |  | Address |  |

Your or co-applicant’s adult children:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Address |  |
| Name |  | Address |  |
| Name |  | Address |  |
| Name |  | Address |  |

***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 returning 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 Human Services Director 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 judgement 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 Human Services 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 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 Needs 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)

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Verifications**

You must provide the following verification/documentation along with your application at the time of submission.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Completed Application Packet | | |
|  | Rental Verification Form | | |
|  | Last four weeks pay stubs or other proof of net wages (Applicant and all working household members) | | |
|  | Last four week’s receipts or other proof or bills paid | | |
|  | Bills that are currently and/or past due | | |
|  | Employer Verification Form from your employer (one for each job by each working member of the household) | | |
|  | Employment termination for from your last employer | | |
|  | Confirmation you have applied for/are receiving *Social* *Security* *benefits* | | |
|  | Confirmation you have applied for/are receiving from the HHS District Office: | | |
|  | |  | Emergency Food Stamps |
|  | |  | Food Stamps |
|  | |  | APTD/MA |
|  | |  | OAA |
|  | |  | TANF Emergency Assistance |
|  | |  | TANF |
|  | You have applied for/are receiving Fuel Assistance benefits | | |
|  | Verification of injury or illness | | |
|  | You have applied for/are receiving Unemployment Compensation | | |
|  | Picture IDs of Adults and Birth Certificates of Children living in the residence | | |
|  | Vehicle registration | | |
|  | Last three months bank statements, liquid asset statements, bankbooks | | |
|  | Statement of Child Support payments received/Child Support court order | | |
|  | Statement from room-mate(s) regarding division of expenses | | |

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Co-Applicant Signature

**Authorization for the Release of Information – DHHS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, understand that from time to time, the local Human Services Director for the Town of Bristol may require certain information abouth assistance I am applying for or are 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 Human Services Director for the specific purposes outlined below:

|  |  |
| --- | --- |
| **Type of Information** | **Purpose for Requesting this Information** |
| Date of DFA application, 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.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant 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

**Basic Needs**

Now that you have applied to the Town of Bristol for general assistance, you agree to the following:

You are to spend any monies that you receive in your household for basic living needs only. Basic living needs are:

Rent

Food

Prescriptions

Non-food Hygiene

Utilities

You agree to provide dated and signed receipts (when applicable) for these expenses.

You also agree that if you spend money on items and services other than basic living needs, that you will be disqualifying yourself from assistance for these needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

**Income Tax Refund**

Please be advised that if you are requesting assistance from this office, all income tax refunds will be considered income and be used for allowable expenses such as rent (including arrears), utilities, medications, medical bills, and childcare. Budgets in this office will include all income and assistance will be determined from the household budget.

You are required to provide a copy of your income tax return/refund paperwork. You mush immediately notify this office of any refund payment. Not doing so will be considered fraud and will be prosecuted accordingly.

I have read and understand the above. I will provide a copy of my income tax return within seven (7) days of filing my income taxes. I will keep receipts of what the money has been spent on to provide to the Town of Bristol in the event that I need assistance in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

**Town of Bristol**

**Office of Human Services**

**RSA 165: 1-b**

As a recipient of General Assistance, you are required by New Hampshire State Lay (RSA 165:1-b) to apply for and utilize any benefits or resources, public or private, that will reduce or eliminate you need for General Assistance.

This means that if you are eligible to receive AFDC, APTD, OAA or subsidized rent you must apply within seven days of your application for General Assistance. You must follow the requirements and fulfill your responsibilities of these programs. This means you must keep your appointments with your Case Worker and complete all the forms and submit all verifications your worker has requested within his/her time frame.

If you are having difficulties fulfilling your responsibilities, immediately contact your Case Worker and advise him/her of this. He/She may be able to find another way for you to get the information she needs.

My responsibilities to apply for and to utilize other kinds of public assistance as stated above have been discussed with me. I understand that failure to fulfill these responsibilities will cause me to be denied General Assistance. I have also read the information on the Voluntary Quit legislation and have discussed any questions I might have with the Human Services Director.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Services Director’s Signature Date

**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 Town of Bristol Human Services 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 Town of Bristol Human Services Department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

**Applicant’s Authorization to Furnish Information**

**(specific agency/individual)**

I understand that as part of the administration of the General Assistance Program, a Municipal Welfare Official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes **Ingrid Heidenreich, the Town of Bristol Human Services Director** to obtain information from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ regarding factors relevant to my application for General Assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Services Director’s Signature Date

**Employment**

***ONE MUST NOT VOLUNTARILY LEAVE A JOB WITHOUT GOOD CAUSE***

General Assistance applicants, who voluntarily leave a job without good cause, within sixty days of applying for local welfare and having received local assistance within the past 365 days, may be disqualified from receiving assistance for 90 days from the date of voluntary quit. Such sanction shall not affect applicants who are responsible for supporting minor children within their household or those mentally or physically unable to work.

Any sanctioned applicant must have received prior notice that a voluntary job quit without good cause may result in a temporary eligibility cut-off. Likewise, they must receive a written application and notice of decision. RSA 165:1-d.

I understand that quitting a job voluntarily, or not reporting to work without good cause, leading to employment termination, may result in a potential 90-day period of local public assistance ineligibility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Services Director’s Signature Date

**Human Services Fraud**

It is very important applicants are aware of the laws regarding Welfare Fraud and therefore understands and expects that the Town of Bristol will pursue all criminal remedies including prosecution to the full extent of the law as well as:

**ANY PERSON MAY BE DENIED OR TERMINATED FROM GENERAL ASSISTANCE AND OR PROSECUTED FOR ANY CRIMINAL OFFENSE, WHO BY MEANS OF INTENTIONALLY MAKING FALSE STATEMENTS OR INTENTIONAL MISREPRESENTATION OR BY IMPERSONATION OR THE WILLFULLY FRAUDULENT ACT OR DEVICE OBTAINS OR ATTEMPTS TO OBTAIN ANY ASSISTANCE TO SHICH HE/SHE IS NOT LEGALLY ENTITLED.**

The above responsibilities and list of verifications have been read and I believe fully when completing this application for the Town of Bristol Human Services General Assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

**Public Assistance Repayment Agreement**

I understand I should repay the Town of Bristol for any assistance that I am given, if and when I am able to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

I/We, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residents of the Town of Bristol, New Hampshire (hereinafter “applicant”, hereby agree with the Town that the full amount of any public welfare payments made at my request, to me or on my behalf in the form of direct payment to creditors, will be repaid in the following manner:

1. By work performed for and at the direction of any entity or Department of the Town, including its Schools, Library, and Parks, such work to be performed as the Town may direct. Until the applicant shall be regularly employed such work shall be performed on such days (including Saturdays) as the Town may direct, (excepting only, days of illness for which a doctor’s certificate is furnished to the Town), and will be compensated by crediting any debt incurred hereunder at the statutory minimum rate for each hour actually worked; if applicant shall become regularly employed during the normal work week, the Town may require such work to be performed on Saturdays thereafter until the debt is repaid in full.
2. By payment over to the Town, unless the Town shall wave such right, any refund of federal income tax for the year, to the extent of repayment still owed to the Town.
3. By repayment of any remaining balance in cash as soon as applicant shall secure regular or seasonal employment, at the rate of $20.00 per week or otherwise in accordance with a payment schedule to be agreed at the time with the Town.

Applicant hereby acknowledges that any failure to perform as agreed herein shall relieve the Town of Bristol of any further obligation for welfare assistance.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant Signature | Co-Applicant Signature | Human Services Director Signature |
| \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Date | Date | Date |

 **Town of Bristol, Human Services**

**5 School Street**

**Bristol, NH 03222**

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**townofbristolnh.org**

**(603) 744-2522**

**Employment Verification Form**

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

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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-time or part-time | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hours per week | \_\_\_\_\_\_\_\_\_\_\_\_ | Frequency Paid | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of most recent paycheck | \_\_\_\_\_\_\_\_\_\_\_\_ | Net amount | $\_\_\_\_\_\_\_\_\_\_\_\_ |

===================================================

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

Date of termination/separation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last paycheck \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net amount of last paycheck \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature and Title of immediate supervisor or person completing this form | Date |

***Completed forms may be faxed or scanned and emailed to the Human Services Director for the Town of Bristol at 603-744-2521 or*** [***humanservices@townofbristolnh.org***](mailto:humanservices@townofbristolnh.org)

 **Town of Bristol, Human Services**

**5 School Street**

**Bristol, NH 03222**

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**townofbristolnh.org**

**(603) 744-2522**

**Rental Verification Form**

Tenant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Number/Street) (Apt) (City) (State/Zip Code)

Number of Household Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| List of Household Members: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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

Rent amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Paid: Monthly, Weekly, Other

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

Rent Includes; All utilities, No utilities, Hot water, Heat, Electric

Type of Heat; Electric, Oil, Gas, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

For IRS reporting, landlord’s Tax ID or Social Security Number must be provided:

Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CHECK IS MADE PAYABLE TO: (PLEASE PRINT)***

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Landlord’s Name | | Telephone/Fax Numbers | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Landlord Address | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_ |
| Name of Manager or other Representative | Landlord Signature | | Date |

***Completed forms may be faxed or scanned and emailed to the Human Services Director for the Town of Bristol at 603-744-2521 or*** [***humanservices@townofbristolnh.org***](mailto:humanservices@townofbristolnh.org)

 **Town of Bristol, Human Services**

**5 School Street**

**Bristol, NH 03222**

**\_\_**

**townofbristolnh.org**

**(603) 744-2522**

**Placement of Lien**

Please read and sign the following information:

*Under NH RSA 165:28 the town has a right to place a lien on any real estate owned by the assisted person(s). The lien is non-interest bearing for the first year. After the first year, the lien accrues interest of 6% a year. This lien will never be called-in but when the assisted person(s) die, or sell the property the lien will be repaid with any appropriate interest. The lien can be diminished by the act of work fare, which includes (but not limited to) community service and family enrichment activities, small cash payment made to the Town of Bristol and/or the balance paid in full at such time as the property is sold.*

I have read the above and understand that any assistance from the Town of Bristol will facilitate a lien on my/our property.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant Signature | Co-Applicants Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | Date |