
**TOWN OF SEABROOK
WELFARE DEPARTMENT
PO BOX 456
SEABROOK, NH 03874**

**BONNIE L. ARMENTROUT
WELFARE DIRECTOR**

**TELEPHONE: (603) 474-8931
FAX: (603) 474-8007**

Once application is completed with the required documentation and verification that is listed on the next page please contact the Welfare Office to schedule an appointment. Leave a message on the voicemail with a brief description of the assistance requested, along with contact information so I may return your call.

The last 2 pages on the application are for the landlord/property owner to complete. (Form MUST be completed by the landlord/property owner ONLY).

All household members MUST provide the required documentation.

All household members over the age of 18 MUST sign where signatures are required.

All necessary verification and documentation MUST be completed for all requests for assistance regardless of the situation.

Thank you!

EXAMPLES OF ACCEPTABLE VERIFICATIONS NEEDED TO DETERMINE ELIGIBILITY

(You may be required to provide additional verifications after the interview)

Identity For All Household Members: If age 16 or older, a picture ID is required: US Passport, Driver's license with photo/Picture State ID, Picture school ID, Picture military ID. For children aged 15 and under: medical, daycare, or school records may be used. Contact your Welfare Director for more examples if you do not have an original document of one of these proofs.

Citizen/Immigration Status of Each Individual Applying For Assistance: U.S. Passport, Certificate of Naturalization/U.S. Citizenship, U.S. birth certificate, BCIS card.

Social Security Number: Everyone requesting assistance must provide or show proof that they have applied for a Social Security Number.

Earnings: Pay stubs from the last 4 consecutive weeks, letter from your employer, or our Employment Verification Form, If self-employed, last year's income tax statement, profit/loss statement, proof of earnings, and expenses for this year.

Other Income: (Any income such as Social Security, SSI, VA, unemployment, TANF, OOA, APTD interest, dividends, disability payment, money from friends/relatives, roomer/boarder payments, etc.) Copies of checks, check stubs, letter from agency.

Terminated Employment: Letter from your employer stating your last day worked and reason for termination and proof of all gross wages paid in the current month, Must use our Employment Verification Form.

Marital Status/Divorce/Separation/Child Support/Alimony: Marriage certificate or all legal documents relating to the case, letter from the person making payments showing the amount and frequency of payments, completed & signed

Cash Resources: Passbooks, bank or credit union statements, broker or trustee statements, retirement accounts and trusts, all with updated balances. 45 days all activity on all accounts, all household members

Vehicles: (Includes cars, trucks, campers, boats, motorcycles, snowmobiles) Title and registration, bill of sale, amount owed not including interest.

Life Insurance: The actual policy and proof of current face and cash value.

Real Estate: (Personal and Business Property) All documents including deeds, mortgages, tax bills, insurance policies, purchase and/or sales agreements.

Residence/Shelter Expenses: Rent, mortgage payments, taxes, heat, electricity, insurance, telephone/cable / internet water, sewage, A current Rental Verification Form (Last 2 pages on the Welfare application for Property Owner to complete) receipt signed by your landlord with your name, address, date, amount of rent and whether heat or utilities are included, current receipts 6 months prior to appointment, canceled checks 6 months, N.H Housing Authority showing household members listed & amount paid from NHHFA and tenants portion

Student Status: A letter from the school showing the student attends at least ½ time.(children over 16 of age) Letter showing amount and period covered by scholarships, grants or loans, letter or receipts for school related costs.

Medical expenses: Receipts, canceled checks, bills from physicians, dentists, hospitals, pharmacists, evidence of cost of health insurance premiums and copy of front and back of insurance card.

Disability/Incapacity/Blindness/Pregnancy: a letter from a physician stating how long the medical condition is expected to last. (Our Physician Form to be completed)

APPLICATION FOR LOCAL WELFARE ASSISTANCE

General Information For Applicant

474-8931

MUST SCHEDULE A APPOINTMENT AFTER APPLICATION IS COMPLETE

It shall be the right of any individual regardless of race, age, sex, religious or political affiliation to make application for local welfare assistance. All application forms and related material become the property of the Town of Seabrook and shall be considered confidential. Each application will be reviewed individually with the applicant or his representative before a determination of eligibility is made. Should the applicant be aggrieved by the ultimate determination of eligibility, the applicant/recipient shall be entitled to a fair hearing within seven (7) days of request.

Each applicant has the responsibility, at the time of application and continuing thereafter to:

1. Provide accurate, complete and current information concerning needs and resources.
2. Notify the welfare office of changes in needs, resources or circumstances within 72 hours.
3. Apply for and utilize any benefits or resources that will reduce or eliminate the need for local welfare assistance.

IT IS UNLAWFUL for any applicant or recipient to knowingly make a false representation verbally, in writing, or by omission, as to his circumstances. Anyone who does so may be subject to criminal prosecution for such actions.

Upon application for Town assistance, applicants are required to provide the following:

1. Complete application in its entirety. Incomplete application will result in the delay of a decision on the requested assistance.
2. Submit verification of rent, electric, and any other expenses listed.
3. Applicants will be required to actively seek assistance from all other government programs or human service agencies.
4. Applicants who receive assistance are required to register with the Department of Employment Security within seven (7) days of application unless medical reasons prohibit (documentation from a doctor must be submitted.)
5. Failure to comply with the above requirements and/or requests of the welfare agent may result in automatic denial of assistance.
6. Any falsification of information may subject the applicant to criminal prosecution.

The Town has 72 hours to act on a completed application unless an immediate need exists that is a threat to the applicant's health.

All applicants are entitled to view a copy of the Town of Seabrook Welfare Rules and Regulations.

All applicants who are denied assistance are entitled to a fair hearing if the denial is appealed.

The Town has the right to file a lien against any real estate owned, or purchased within six years, by a recipient of local welfare assistance.

TITLE LXII CRIMINAL CODE

CHAPTER 641 FALSIFICATION IN OFFICIAL MATTERS

Section 641:3

641:3 Unsworn Falsification. – A person is guilty of a misdemeanor if:

- I. He or she makes a written or electronic false statement which he or she does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or
- II. With a purpose to deceive a public servant in the performance of his or her official function, he or she:
 - (a) Makes any written or electronic false statement which he or she does not believe to be true; or
 - (b) Knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
 - (c) Submits or invites reliance on any writing which he or she knows to be lacking in authenticity; or
 - (d) Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he or she knows to be false.
- III. No person shall be guilty under this section if he or she retracts the falsification before it becomes manifest that the falsification was or would be exposed.

Source. 1971, 518:1. 2003, 158:2, eff. June 17, 2003.

TOWN OF SEABROOK WELFARE OFFICE

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? _____

****** All household members must be listed ******

List below all persons living in your household:

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

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

Landlord a relative? Yes/NO _____

IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____

Bank/Mortgage Co _____ Address _____

3. Education / Training / Employment

	<u>Highest Grade Attended</u>	<u>G.E.D. or 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 and two most recent jobs of yourself and all household members aged

18 & older:

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

4. Household Assets:

****** Must have entire bank statement from bank showing account information******

Provide information regarding accounts held by you and all household

members:

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

******Please complete all sections on this application******

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 _____

******Must show proof of all motor vehicles in household******

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. Liability for Support Information

Please provide following details:

Your father _____ Address _____

City _____ State _____

Zip _____

Your Mother _____ Address _____

City _____ State _____

Zip _____

Co-applicant father _____ Address _____

City _____ State _____

Zip _____

Co-applicant mother _____ Address _____

City _____ State _____

State _____

Your or co-applicant's adult

children _____

City _____ State _____

Zip _____

Children/s parent not living in household

Father/Mother _____ Address _____

City _____ State _____ Zip _____

Father/Mother _____ Address _____

City _____ State _____ ZIP _____

All of the above must be filled out completely , no exception

7. 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 _____
Cell phone/s _____	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 _____	Cell Phone/s _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

or irregular periodic expenses during the past 30 days:

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Reparis _____	Property Taxes _____
Dental _____	Home/Rent Insurance _____	Other _____

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 _____

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

8.

	Amount	Date Received
ANB (Aid to the Needy Blind)	_____	_____
APTD	_____	_____
Child Support	_____	_____
Disability (Employer)	_____	_____
Food Stamps	_____	_____
Fuel Assistance	_____	_____
Gifts/Loans/Help from Friends	_____	_____
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	_____	_____

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)

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date

******Must be filled out completely, Put an X in sections that don't apply to you.
Any falsification of information may subject the applicant to criminal prosecution******

TOWN OF SEABROOK WELFARE OFFICE

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 Bonnie Armentout, town/city of Seabrook welfare official, 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

Date

Welfare Official

TOWN OF SEABROOK WELFARE OFFICE

AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,
Print Your Name
the local welfare administrator for _____ may require certain information about
Town/City
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 SEABROOK WELFARE OFFICE

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

TOWN OF SEABROOK WELFARE OFFICE
RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD
This is for informational purposes only, not a guarantee payment

Tenant's Name: _____ Date: _____

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

Number of Household Members: _____ List of All 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 last rent was paid: _____ Amount Paid: \$ _____ Back rent owed: \$ _____

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

Are you a relative of the tenant/tenants? Yes _____ No _____

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

Tax ID #: _____ OR Social Security #: _____

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

Landlord's Name

Telephone / Fax Numbers

Landlord Address

Name of Manager or other Representative

Landlord Signature

Date

ALTERNATE FORM W-9
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

Pursuant to IRS Regulations, you must furnish your TIN to the Town, whether or not or not you are required to file tax returns. If this number is not provided, you may be subject to a 30% withholding on each payment made to you, to avoid this 30% withholding and to ensure that accurate tax information is reported to the IRS, please use this form to provide the requested information and return it to the originating Town Office.

Name _____
as shown on IRS tax return

Additional or
D/B/A Name _____

Address _____

Physical Address _____

City/Town _____ State _____ Zip Code _____

TAXPAYER IDENTIFICATION NUMBER (TIN) used on IRS tax return

SSN _____ - _____ - _____

FIN _____ - _____

PRINCIPAL BUSINESS ACTIVITY (you must select one)

- Service Provider Product/Merchandise Provider
 Both

list the principal type of service or product provided

BUSINESS DESIGNATION (you must indicate ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Personal Service Corporation |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Health Care Provider |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Profit (attach copy of exemption) |
| <input type="checkbox"/> Estate or Trust | |
| <input type="checkbox"/> Corporation | |

Under penalty of perjury, I declare that the information provided is true, correct and complete, to the best of my knowledge and belief.

NAME & TITLE (Print or type)

Signature _____

Date _____

Phone _____