



Town of Meredith, 41 Main Street, Meredith, NH 03253

## List of Required Verifications to Apply for General Assistance

**Email your completed Application and Required Verifications to: [eharker@meredithnh.gov](mailto:eharker@meredithnh.gov)**

**You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:**

- Completed General Assistance Application Form – signed by all adults in home.
- Landlord Packet (Rental Verification, Vendor Information and W9) – must be completed by the landlord
- Income - last four week's pay-stubs or other proof of net wages
- Bills - last four week's receipts or other proof of bills paid or currently due
- Employment Termination form from your last employer
- Social Security benefits – award letter
- Health and Human Services District Office – provide proof if receiving the following assistance...
  - Food Stamps \$\_\_\_\_\_
  - APTD \$\_\_\_\_\_
  - FAP \$\_\_\_\_\_
  - Childcare Assistance or any other programs available. \$\_\_\_\_\_
- CAP - Fuel Assistance \$ \_\_\_\_\_ (you must apply) EAP Discount % \_\_\_\_\_(you must apply) #279-4096
- Injury or Illness – Doctor Note stating if and when you can return to work.
- Unemployment Compensation - \$\_\_\_\_\_. Provide proof if you were denied.
- Picture ID (Adults); SS card /Birth Certificate (minors), if available
- Vehicle registration
- Bank Account (must be a Current Complete Bank Statement)
- Child Support Received / statement and court order
- Room-mate(s) – statement regarding division of expenses

Please understand that **failure to provide** the indicated information **may result in delay and/or denial** of your request for assistance, and further understand that if approved for assistance you may be required to do a job search and participate in the Town of Meredith Workfare Program.

Emily Harker  
Finance Clerk/General Assistance  
603-677-4206  
[eharker@meredithnh.gov](mailto:eharker@meredithnh.gov)



## Town of Meredith

41 Main Street  
Meredith, NH 03253  
603-677-4206  
fax 603-556-8816

### APPLICATION FOR GENERAL ASSISTANCE

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

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

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Telephone # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

Applicant's Birth date \_\_\_\_\_

Social Security # \_\_\_\_\_

Marital Status (CIRCLE ONE):       Single       Married       Separated       Divorced       Widowed

Name of spouse/companion/roommate: \_\_\_\_\_

Companion's Birth date \_\_\_\_\_      Social Security # \_\_\_\_\_

**List all members of your household**      **DOB**      **Age**      **Relationship**      **Social Security #**

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

### Address for the past two years

Town	Street	From	To
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Town	Street	From	To
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Name of Current Landlord \_\_\_\_\_      Amount of rent \_\_\_\_\_

Date rent due \_\_\_\_\_      Date last paid \_\_\_\_\_

Your father's name \_\_\_\_\_

Your mother's name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Companion's father's name \_\_\_\_\_

Companion's mother's name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

#### **Applicant Work record for last two years (most recent employer first)**

Employer name and address \_\_\_\_\_

Type of work \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_

Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer name and address \_\_\_\_\_

Type of work \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_

Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

#### **Spouse/Roommate most recent employer first**

Employer name and address \_\_\_\_\_

Type of work \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_

Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer name and address \_\_\_\_\_

Type of work \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_

Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

#### **Military Service**

Branch of Service \_\_\_\_\_

Date of Entry \_\_\_\_\_

Are you considered a veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a military disability: \_\_\_\_\_ Yes/No \_\_\_\_\_

Do you have a discharge: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, monthly payment received: \_\_\_\_\_

### Resources of Household

Savings Account Balance \$ \_\_\_\_\_ at \_\_\_\_\_ Bank.

Checking Account Balance \$ \_\_\_\_\_ at \_\_\_\_\_ Bank.

Automobile Payment \$ \_\_\_\_\_ Make/Model \_\_\_\_\_.

### Do you have or will you receive any of the following:

HOUSEHOLD INCOME	AMOUNT	HOUSEHOLD INCOME	AMOUNT
Temporary Aid to Needy Families TANF	_____	Annuity/Trust Fund	_____
Aid to permanently/temp disabled APTD	_____	IRA, CD'S Etc.	_____
Weekly Gross Pay	_____	Subcontracting Jobs	_____
Social Security SSI/SSD	_____	Relatives/Boarders	_____
Unemployment	_____	OAA-Old Age Assistance	_____
Workers Comp	_____	Settlement Monies	_____
Child Support Payments	_____	VA-Benefits	_____
Natl. Guard-Severance Pay	_____	Food Stamps	_____
Private Disability Insurance	_____	WIC	_____
Private Pension	_____	Fuel Assistance	_____
Other Income	_____	Other Income	_____

### Monthly household requirements

Rent \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Fuel \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_

Medications \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Cigarettes \$ \_\_\_\_\_ Dining Out \$ \_\_\_\_\_ Cable TV \$ \_\_\_\_\_ Alcohol \$ \_\_\_\_\_

### Requesting Assistance with:

Assistance requested \$ \_\_\_\_\_ for \_\_\_\_\_

Reason for request \_\_\_\_\_

Time Frame = You must reapply each time you have a request for assistance from the Town.

Town of Meredith  
41 Main Street, Meredith, NH 03253  
#603-677-4206, fax 603-556-8816

### **Applicant's Understanding to Repay Town**

I UNDERSTAND and I SHOULD REPAY the TOWN of MEREDITH for...

ANY ASSISTANCE I'M GIVEN, IF I'M ABLE.

The TOWN of MEREDITH RESERVES THE RIGHT to INSPECT YOUR PREMISES...

between the HOURS OF 8:00am to 8:00pm Monday thru Friday.

I UNDERSTAND that if I own property the TOWN WILL PLACE a GENERAL ASSISTANCE LIEN on  
my PROPERTY for any ASSISTANCE I'M GIVEN.

I HEREBY AFFIRM that all the INFORMATION STATED HEREIN is...

TRUE to the BEST of my KNOWLEDGE and BELIEF, and that

I MAY be SUBJECT to PENALTIES for MATERIAL MISREPRESENTATION.

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Signature

Witness

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Signature

Witness

### **Applicant's Authorization to Furnish Information**

I AUTHORIZE and REQUEST, any RELATIVE, PHYSICIAN, LAWYER, BANKER, EMPLOYER, INSURANCE COMPANY, FRATERNAL ORDER, or any other SUCH PERSON or ORGANIZATION having information concerning my ELIGIBILITY for GENERAL ASSISTANCE to FURNISH such INFORMATION to the OVERSEER of WELFARE.

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Signature

Witness

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Signature

Witness

### **Applicant's Understanding to keep assistance granted by Town confidential**

I UNDERSTAND and I SHOULD NOT share the amount of assistance granted by the TOWN of MEREDITH to FRIENDS, NEIGHBORS and or RELATIVES. This is CONFIDENTIAL INFORMATION and bragging or boasting can cause others to be JEALOUS OR ANGRY if they didn't qualify for assistance. Please do NOT share information of the Town of Meredith assisting your household with its basic needs unless it's with another agency requesting the information.

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Signature

Witness

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Signature

Witness

*Town of Meredith*

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

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

Print Your Name

the local welfare administrator for Meredith 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.**

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Signature

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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.

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Relationship to You

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Witness

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Date

**TITLE LXII  
CRIMINAL CODE  
CHAPTER 641**

**Falsification in Official Matters  
RSA 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 her 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 her 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.

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

I / We, \_\_\_\_\_ have received a copy of this statement. I understand that the Town of Meredith General Assistance Officer or person acting on behalf of the General Assistance Officer may refer cases to Meredith Police Department for further investigation after giving the applicant/recipient the opportunity to verify and explain suspicious information.

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_