

FORM F

WELFARE DEPARTMENT

City of Berlin, N.H.

ELIGIBILITY OF ASSISTANCE WORK SHEET

A. TOTAL ALLOWABLE EXPENSES

ALLOWABLE EXPENSES:

(Enter actual expenses or maximum from schedule whichever is less)

Rent/mortgage/board _____ \$ wk./mo

Groceries _____

Household & Personal Needs _____

Telephone (if allowed) _____

Medication (as needed) _____

Utilities Current _____

Back _____

Other _____

Total _____

B. TOTAL RESOURCES

RESOURCES:

Income _____ \$ wk./mo

Available Assets

.

ELIGIBILITY (A — B)

(If B is greater than A, applicant is ineligible)

AREA IN WHICH ASSISTANCE WILL BE RENDERED AND AMOUNT: