

FORM A



CITY OF BERLIN NEW HAMPSHIRE
General Assistance Application

An application is not considered to be completed unless all parts are completed and all required documentation is presented so it may be verified as allowed by law. If you are under suspension the office is not required to accept an application until you come into compliance.

You must have an appointment to apply for assistance. Please contact the office at 603-752-2120.

The following items will be needed in order to determine eligibility:

1. Proof of income for all members of the household. Income includes child support, earned income from every household member, Social Security Disability from all household members, self-employment, and retirement income.
2. Proof of any assets including recreational vehicles, land owned in other towns/cities, trusts.
3. Current (within the last 3 days) bank balances, checking account balances, credit union account balances.
4. Proof of basic need expenses (rent receipts, electric bills, oil expense if paying your own heat, etc.) proof is considered to be a receipt with company name and billed amount, a bill or a lease type document.
5. State Benefits letter
6. If you have an eviction notice or disconnect you will need to bring it in.
7. Doctor's note if unable to work on the work program or do a job search, should include explaining limitations if any.
8. Anything recently received from Social Security, HUD, Fuel Assistance, Electric Discount Program or the State of New Hampshire.

All abled bodied individuals who receive assistance will be required to work on the work program (any exceptions will be discussed when you meet) to repay the assistance unless you own a property in the State of New Hampshire. If you are a property owner, the City elects to instead place a lien on said properties until such time as the amount of assistance and interest is repaid. Said lien accrues interest at a rate of 6% after the first year and is recorded with the Registrar of Deeds.

Notice of Rights of Recipients

You have the following rights as a recipient of general assistance:

1. You have the right to make a written application for assistance even if you are told you may not be eligible.
2. You have the right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance, how much assistance you will receive and why you have been denied or given only a partial amount of the assistance you requested.
3. You have the right to ask for a Fair Hearing within five working days from the receipt of the Notice of Decision.
4. You have the right to have, in writing, the reason you were denied assistance.

5. You have the right to a fair hearing if you are denied the assistance you applied for or if you are suspended for non-compliance.
6. If you are receiving assistance currently and are suspended for non-compliance you have the right to ask that your assistance be continued until fair hearing decision is ruled on. However, if the Fair Hearing Officers uphold the suspension you will owe the entire amount issued during that period.
7. You have the right to review your file before a Fair Hearing.
8. You have the right to see the written guidelines.
9. You have a right to a written notice of conditions prior to being suspended for non-compliance with the guidelines.
10. If you own property in the State of New Hampshire you have the right to be informed that the City will be filing a lien against the property with the registrar of deeds and be informed that said lien accrues interest at a rate of 6% after the first year.
11. You have the right to refuse to work on the work program or to conduct a job search if you must care for a child under the age of 5 who is not in a school program if you are a single parent without childcare options, if you are disabled or ill and can provide a doctor's note stating your limitations or the fact you are unable to work, or if you must provide care for a family member who is disabled or ill. (The work program is not voluntary community service but is a required, scheduled program of the City as allowed under the law).

You have the right to be notified the first time you receive assistance that you can be disqualified from receiving general assistance if you voluntarily quit your employment for 90 days from the time of the voluntary quit.

Please Initial to show you read this portion and understand your rights: _____

Please list your address and phone number: _____

MEMBERS OF THE HOUSEHOLD

(A person is considered a member of the household if they spend the night more than twice a week, adult children, unless mentally incapacitated must apply on their own)

<u>NAME</u>	<u>SS NUMBER</u>	<u>DOB</u>	<u>AGE</u>	<u>RELATIONSHIP TO THE PERSON(S) APPLYING</u>

If you are homeless where were you living when you last paid rent; room and board or for a hotel?

When was this? _____

Parents of those seeking assistance (List name, address, phone number and source of income):

Adult children living outside of the household (List name, address, phone number and source of income):

The city asks this information in order to determine whether or not your relative may be in a position to help you financially beyond what they are currently assisting with. By asking source of income we may be able to have a better understanding of their ability or inability to assist financially. In addition, the city may ask that the relative fill out a financial affidavit form. If you rent from a relative, the city will ask for this financial affidavit to prove financial hardship would be caused if rent is not received as government entities do not normally pay rent to relatives.

A synopsis of NH [RSA 165:19](#) is that relatives in the line of mother, father, step-parents, son, daughter, husband or wife shall assist or maintain a poor person when in need of relief. Said person is deemed able to assist if their income is sufficient to provide a reasonable substance compatible with decency and health. Should the relation refuse to render such aid when requested to do so by the overseer of the poor, selectmen or county commissioner, said person shall upon complaint of one of these officials be summoned to court. If after a hearing it is found that the alleged poor person is in need of assistance and the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance to be furnished. If the person refuses to comply with the decree he shall be in contempt and shall be imprisoned for not more than 90 days nor fewer than 60 days.

Marital Status: _____

Is this the person you are applying with? _____

If not, when was the last time you resided with your spouse? _____

Are you legally separated (have a signed court order)? _____

Have you served in the military? _____

If yes were you honorably discharged? _____

Have you applied for benefits? _____

List your sources of income, assets, assistance for the entire household and indicate who receives the benefit, amount and when (For example, second home, rental property, trust fund, food stamps, WIC, Child support, bank or credit union balances):

[illegible]

If receiving TANF how long have you received it? _____

Are you under sanction with DHHS (receiving less than your full TANF grant due to non-compliance)? _____

You will be required to apply to any assistance program that the city feels would be beneficial to apply to in order to meet long term needs. Should you refuse to apply or fail to follow through with the necessary requirements to keep said assistance you will be sanctioned until such time as you make yourself eligible.

List your household expenses:

[illegible]

Name, address and phone number of landlord:

Date rent was last paid: _____ Date rent is due: _____

What type of assistance are you requesting (rental, shelter, food, diapers, cremation, water disconnect, oil, electric, medication co-pay, personal/household needs (soap, shampoo, etc.)?)

Reason for the request (Were you laid off? Fired?):

What steps have you taken to find financial relief or to change said circumstance or to prevent it from happening in the future if possible?

NOTE: Your landlord needs to complete the verification section for rent. If the landlord has not worked with the City Welfare office in the past as a vendor they will need to complete a W-9 as rent is taxable income and the City reports it to the IRS. Landlords or agents may mail the verification section and W-9 to:

City of Berlin Welfare
168 Main St
Berlin, NH 03570

Or fax to: 603-752-5238

Completing the verification does not mean that the applicant(s) are going to receive rent assistance. It is done so that if they applicant(s) qualify for this type of assistance the paperwork needed will be on file. If a landlord or his/her agent refuses to complete the required paperwork including a W-9 the Welfare Office will allow the tenant to submit the application and will give them a Notice of Decision stating what they would have qualified for had the landlord complied.

A [W-9](#) may be printed directly from the IRS website.

Rent need is calculated as follows: Cost of rent x 12 months / 52 weeks/ number of adults

The City pays vouchers twice a month on the week of the first Monday and week of the third Monday. All rent and other general assistance is issued by voucher and then is paid directly to the vendors on these weeks. A voucher will be issued to the recipient to provide to the vendor for the vendors records.

City of Berlin, NH General Assistance Rental Verification Form

Name of Tenant:_____

Address:_____

Date of Occupancy:_____ Security Deposit Amount:_____

Was Security Paid?_____ If not are you willing to take a payment plan?_____

Rent Includes?_____

(Such as heat, hot water, electric)

Number of Bedrooms?_____ Is HUD accepted?_____

Number of people living in the apartment?_____

Names of those residing in the apartment? _____

Have you filed for eviction in court?_____

Is there any government subsidy received for the rent on behalf of the tenant?_____

I will not charge late fees to the client while the City is assisting them with current rent_____

Initial

If this tenant qualifies for assistance I am willing to take welfare vouchers on their behalf for the current rent:_____

Initial

If the tenant is in the process of being evicted or about to be evicted for non-payment of rent, the landlord agrees to stop action for as long as the client remains eligible for assistance with the City to pay on the current rent and the tenant make every effort to make payments on back rent and/or to apply for any other programs they may be eligible for assistance through. This agreement only applies to non-payment of rent not any other issues that may arise between the landlord and tenant:_____

Initial

I would be willing to accept a payment arrangement on back rent in the amount of:_____ per month.

Who shall payment be issued to?

Name

Address

Phone Number

I verify that all the information I provided is accurate to the best of my knowledge. I understand that a W-9 must be provided in order for a check to be released if I have not received payment from the City before. I understand that the City releases checks only twice a month.

Signature

Date

The Work Program is a required activity that is scheduled by the Welfare office. In order to fulfill this requirement the following information is needed. Please understand that if you do not show up or show up late to scheduled hours you will be suspended from receiving additional assistance until compliance is met.

Please list any allergies or medical issues that we may need to know about if you were to become ill while working on the work program and not be able to communicate such things to emergency responders:

Are you a registered sex offender? _____ Are you a Felon? _____

If yes, please explain the nature of the crime as it may impact where you can be placed for the work program:

Please list an emergency contact: _____

Please indicate the name of the applicant and co-applicant (if there is one; a spouse is automatically a co-applicant. If you are not married you may choose to either apply on the same application as co-applicants or each may fill out their own application, however, if you apply together on the same application and one individual does not comply with requirements both individuals will be suspended and will be unable to receive future assistance until such time as you come into compliance; this includes if you are not disabled when you first received assistance and become disabled in the future as you were made aware from the time you first applied and received assistance what the requirements were and had opportunity to correct the circumstance and come into compliance)

Please print:

Applicant

Co-applicant

I/We understand that I should repay the City of Berlin for any assistance I am given when I am able to unless I have worked off the assistance on the work program. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief and that all the information I have provided in response to questions asked by the City official is also true and complete to the best of my knowledge and belief. I understand that I may have to provide additional documents and/or other forms of verification to prove the information on this application. 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 a criminal offense. I understand that acceptance of any assistance over the amount of \$500 total issued under false pretense is considered a felony action.

Signature

Date

Signature

Date

Authorization to Furnish Information and Exchange Information

I authorize and request any relative, physician, lawyer, banker, credit bureau, mortgage holder, employer, insurance company, trustee, guardian, power of attorney, or any other person or organization having information concerning my eligibility for General Assistance to furnish such information to the Welfare Official. I hereby acknowledge the right of the City of Berlin to conduct an investigation in an effort to substantiate the facts surrounding my eligibility, determine my actual needs, assets and income. I understand and give consent to this investigation which may take prior to, during and subsequent to my receipt of welfare assistance. I authorize City Welfare to release only what information is necessary to another assistance source as to provide added support to my application for assistance to that agency so that they may determine eligibility. I am limiting the welfare office to release information to only the listed organizations or individuals listed herein (this does not limit who the city can ask for verification of information concerning my eligibility)

_____ Signature	_____ Date	_____ Signature	_____ Date
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A photo-copy of this signed release may be used in place of an original.

I hereby authorize the City of Berlin Welfare Office to verify with my landlord whether I am in compliance, have kept my appointments and am receiving vouchers _____
Initial

I understand that the City of Berlin has the right to any payments I receive from court settlements, back Social Security, or donations given to me (i.e. Go fund me money, memorial donation, etc.) in the amount equal to that which they assisted me (minus any hours worked on the work program or other types of reimbursement). _____
Initial

I understand that City Council has determined that if I own property in the state of NH a lien will be filed and recorded in lieu of the work program to reimburse the city for the assistance as is allowed by law. _____
Initial

I understand that if the City official suspects child or elder abuse they are required under law to report said suspicion and supporting information to the authorities as they are required to report any criminal activity. _____
Initial

I understand that in order to assist it may be necessary for others in the city's employ to process information that has identifying information, such as to process payments for bills for which I am requesting assistance. This identifying information will be as limited as possible and struck out or hidden if not absolutely necessary to fulfill the need for which I am applying. I understand that in all other cases, those indicated above or below, all information is kept under strict confidentiality as required by law and that only what information is needed to perform a requested service, determine eligibility or help me qualify for another program will be exchanged.

_____ Signature	_____ Date	_____ Signature	_____ Date
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Authorization for the Release of Information from NH DHHS

I/We, _____ the undersigned, understand that from time to time the local welfare administrator for the City of Berlin, NH may require certain information about assistance I am applying for or receiving from the NH 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 purpose 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 remove the sanction

I understand that I have the option to provide any or all of the required information myself.

I understand that any use of the above information inconsistent with these purposes is forbidden.

I understand that the local welfare administrator, or their representative, may not release information provided under this authorization to any other person without my written permission.

I acknowledge that a fax or photocopy of this signed release may be used in place of an original.

This authorization shall expire in 180 days from the date it is signed.

Signature

Date

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 the verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

Signature

Witness Signature

Date