

FORM A

WELFARE DEPARTMENT

City of Berlin, N.H.

APPLICATION FOR ASSISTANCE

DATE OF APPLICATION _____ REFERRED BY _____

Name: _____ SS. # _____

Address: _____ Tel.# _____

Birth Place: _____ Birth Date: _____ Age: _____

Marital Status: Single — Married ___ Separated ___ Divorced ___ Widowed ___

If Married, When: Date _____ Place _____

If Divorced, When: Date _____ Place _____

Name of Spouse: _____ SS. # _____

Address: _____

Birth Place: _____ Birth Date: _____ Age: _____

MEMBERS OF HOUSEHOLD

Name	S.S. Number	D.O.B .	Age	Relationship
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present and Previous Address for the past 5 years:

Town or City	Street	From	To
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Parents

Father _____ Mother _____

Address _____ Address _____

Employment _____ Employment _____

Spouse's Parents:

Father _____ Mother _____

Address _____ Address _____

Employment _____ Employment _____

OTHER CHILDREN OUTSIDE OF HOUSEHOLD

APPLICANT'S

Name	Address	Age	Status	# of children	Employment
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<hr/>					

SPOUSE'S

Name	Address	Age	Status	# of children	Employment
<hr/>					
<hr/>					
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SERVICE RECORD

Veteran _____ Branch Dates Served _____
Honorable Discharge _____ Types of Benefits _____ Claim # _____

EDUCATION

School	Address	Dates attended	Last Grade Completed
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Other schooling or job training: _____

WORK RECORDAPPLICANT'S

Dates of Employment				Reason for	
Employer	From	To	Type of work	Termination	Earnings
<hr/>					
<hr/>					
<hr/>					

Amount of Last Wages: _____ Date Received _____

SPOUSE'S

Employer	From	To	Type of work	Termination	Earnings
<hr/>					
<hr/>					

OTHER SOURCES OF INCOME

	Yes	No	Amount	Remark
TANF, APTD, OAA	_____	_____	_____	_____
SSI	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Pension (Specify)	_____	_____	_____	_____
Workers Compensation	_____	_____	_____	_____
Annuity or Trust Fund	_____	_____	_____	_____
Income from Relatives				
or Boarders	_____	_____	_____	_____
Unemployment				
Compensation	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Veterans Benefits	_____	_____	_____	_____
Income Tax Refund				
or Rebate	_____	_____	_____	_____
Other	_____	_____	_____	_____

Have you ever received any kind of public assistance?

Source _____

When _____

Are you currently receiving food stamps? ____ If, yes, how much? ____

AVAILABLE ASSETS

Cash on Hand _____ (Amount) _____

Checking Account _____ (Bank) _____

Savings Account _____ (Bank) _____

CD or IRA Accounts _____ (Bank) _____

Motor Vehicles

Year ____ Make _____ (Amount of Payment) _____ Year ____ Make _____
 _____ (Amount of Payment) _____

Recreational Vehicles _____

Property Other than Dwelling _____

Other _____

Assistance Available: Food, Rent, Utilities, Personal Needs, Medical (if emergency)

Assistance Requested: _____

Reason for Request: _____

Duration of Assistance: _____

APPLICANT'S HOUSEHOLD EXPENSES

Rent Mortgage Payment _____ (Bank) _____ Food Personal Needs _____
_Electricity_____

Fuel _____ Telephone Board and Care Other

Name of Landlord: _____

Address: _____

Date Rent Due: _____ Date Rent Last Paid: _____

Outstanding Bills: _____

I understand that I should repay the City of Berlin for any assistance am given when am able to. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief, and that all information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief. I understand that I may have to provide documents and/or other forms of verification to prove the information asked 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.

Date Applicant's signature

Date Spouse/ Co— Applicant's Signature

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I authorize and request any relative, physician, lawyer, banker, credit bureau, employer, insurance company, fraternal order, 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 for welfare assistance. I understand and give consent to this investigation which may take place prior to, during, or subsequent to my receipt of welfare assistance. A photo-copy of this signed release may be used in place of an original.

Date Applicant's signature

Date Spouse/ Co— Applicant's Signature

--NOTICE- -

Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. You may do so at any time. Application Form will be provided upon request. As required by law (RSA 165:28), the City will place a lien on any real property owned by a recipient of General Assistance except for just cause. Such a lien will remain in effect during the recipient's lifetime or until the amount of General Assistance provided by the City Welfare Department is repaid. Interest will accrue at 6% per annum after the first twelve months. The property does not need to be a primary residence of the recipient or located in Berlin for the City to place a lien on it. The City is also entitled to a lien for the amount of assistance granted to a recipient of General Assistance upon property passing under the terms of a will or by intestate succession, a property settlement or a civil judgment awarded for personal injuries. The City is

entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or award (RSA 165:28-a).

FORM B

WELFARE DEPARTMENT

City of Berlin, N.H.

REQUEST FOR ADDITIONAL ASSISTANCE

Date of Request:_____ Date of Original Application:_____

Name:_____ Address:_____

MEMBERS OF HOUSEHOLD

Name	S.S. #	D.O.B.	Age	Relationship
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Assistance Available: Food, rent, utilities, personal needs, medical (if necessary).

Assistance Presently Receiving:

Additional Assistance Requested:

Reason for Request:

Duration of Assistance:

I understand I should repay the City of Berlin for any assistance I am given when I am able to.

ANY CHANGE IN INCOME, RESOURCES, FINANCIAL OR LIVING ARRANGEMENTS MUST BE REPORTED TO THE WELFARE OFFICE AT ONCE. FAILURE TO DO SO MAY AFFECT ELIGIBILITY FOR CONTINUANCE OF ASSISTANCE.

Welfare Official's Signature

Applicant's Signature

Applicant's Signature

■ NOTICE —

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