

Application given to fill out:
 Filled out in office: _____
 Took Application Home: _____



Date Received

Appointment Date

Staff Initials: _____

APPLICATION FOR GENERAL ASSISTANCE 2019

Date of Application: _____ Referred By: _____

ASSISTANCE REQUESTED: _____

Explain why you need City Assistance: _____

Have you ever applied for assistance before?: When: _____ Where: _____

GENERAL INFORMATION:

Applicant Full Name: _____ Social Security #: _____

Date of Birth: _____ US Citizen: _____ Marital Status: _____

Address: _____

Phone Number: _____ Email Address: _____

Ethnic Origin: _____ Gender: _____

Have you served in the Military? _____ If so, which branch of Service? _____ Discharge Date: _____

Do you have Health Insurance? _____ If so, Type? _____ ID # _____

Co-Applicant Full Name: _____ Social Security #: _____

Date of Birth: _____ US Citizen: _____ Marital Status: _____

Phone Number: _____ Email Address: _____

Ethnic Origin: _____ Gender: _____

Have you served in the Military? _____ If so, which branch of Service? _____ Discharge Date: _____

Do you have Health Insurance? _____ If so, Type? _____ ID # _____

OTHER HOUSEHOLD MEMBERS, Please include middle initials of all household members.

Name	Date of Birth	Social Security #	US Citizen?	Gender	Insurance

If you are in a relationship, regardless of if you are married or not, you are considered a household

HOUSING INFORMATION

Circle One: **Rent or Own:** Apartment / House / Room / Other **How many Bedrooms?** _____

Rent Amount? \$ _____ per week / month. **Rent Due Date:** _____ **Amount Paid:** _____

**** Total Rent Owed \$** _____ **Fees Owed: \$** _____ **Move In Date:** _____

Do you have a Rental Lease? **If so, who is listed on your lease?** _____

Utilities Included in Your Rent: Heat / Electric / Gas / Water/Sewer

If applying for **ELECTRIC ASSISTANCE: Eversource Account Number:** _____

Please list the cost of utilities you pay every month? \$ _____

Do you have an EVICTION NOTICE? _____ Demand for Rent / Landlord Tenant Writ / Writ of Possession

Do you have a HOUSING SUBSIDY? _____ If so, amount received: \$ _____

Landlord Name: _____ **Landlord Phone Number:** _____

Relation to Applicant: _____ Have you asked for a payment arrangement from your landlord? _____

If you have lived in your current address less than 1 year, please list all your past residences:

Street	Town/City	State	Date of Residency

HOMEOWNER INFORMATION

If you are a homeowner: **Mortgage Amount \$** _____ **Escrow Amount \$** _____

Monthly Principal and Interest Amount \$ _____ **Account #** _____

Bank/Mortgage Company: _____ **Telephone #** _____

Address: _____ **Do you have a foreclosure notice?** _____

PLEASE NOTE: *Homeowners who are assisted by the City of Keene are subject to a lien being placed on the property until such a time as the assistance can be reimbursed in full.*

Signature of Property Owner: _____ **Date:** _____

APPLICANT WORK HISTORY – List all current employment and past employment if less than 3 years.

Employer Name	Position	Start Work Date	Date & Amount of last Paycheck	Reason For Leaving

Please list your employment skills: _____

I am not currently employed due to a disability and are receiving or have applied for SSI, SSDI, and APTD: _____

APPLICANT EDUCATION

Applicant	Highest Grade Attended	GED or Diploma	Special Training or Skills	Higher Education

CO-APPLICANT WORK HISTORY – List all current employment and past employment if less than 3 years.

I am not currently employed due to a disability and are receiving or have applied for SSI, SSDI, and APTD: _____

Employer Name	Position	Start Work Date	Date & Amount of last Paycheck	Reason For Leaving

Please list your employment skills: _____

CO-APPLICANT EDUCATION

Applicant	Highest Grade Attended	GED or Diploma	Special Training or Skills	Higher Education

OTHER HOUSEHOLD MEMBER’S EMPLOYMENT - Over the age of 18

Household Member’s Name: _____

Employer Name	Position	Date Started Work	Date & Amount of Last Paycheck	Reason for Leaving

OTHER HOUSEHOLD INCOME

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

Type of Assistance	Who Receives Asst.	Amount Received	Date Last Received	Date Applied for Assistance if Pending
APTD				
Child Support				
Church Charities				
Electric Assistance Discount %				
Electric Assistance Neighbor Helping N				
Food Stamps				
Fuel Assistance				
Income Tax Refund				
Inheritance				
OAA (Old Age Asst)				
Private Pension				
Social Security				
SSDI				
SSI				
SSI				
SSI				
TANF/FANF				
Unemployment				
Veteran's Benefits				
Worker's Comp				
401 K Dispersions				
Other				

Please indicate any other type of assistance you are receiving: Food Pantry, Medicaid/Medicare, MDS, MFS, WIA, WIC, Easter Seals, Vocational Rehab, etc.

Who Receives Asst.	Name of Agency	Type of Assistance	Caseworker Name

HOUSEHOLD ASSETS:

Provide information regarding ALL accounts held by you and ALL household members:

Who Owns the Bank Account	Name of Bank / Credit Union	Checking Acct. #	Balance in Acct.	Savings Acct. #	Balance in Acct.

Do you own a car? (Enter info below)

Owner of Vehicle	Make	Model	Year	\$ Value	\$ Auto Payment	Insurance Y / N	Insurance Payment \$

Do you own any recreation vehicles?

Motorcycle \$ _____, Boat \$ _____, ATV \$ _____, Snowmobile \$ _____

Do you own other Real Estate (self or trust)? Where? _____ Value:\$ _____

Provide current value of any assets held by you and all household members:

Cash on Hand (combined household)	\$ _____	Annuities	\$ _____
Certificates of Deposit (CD's)	\$ _____	Stocks	\$ _____
Savings Bonds	\$ _____	Trust Funds	\$ _____
Mutual Funds	\$ _____	Retirement	\$ _____
Insurance Policies	\$ _____	401K	\$ _____
Property other than primary residence	\$ _____	Location	_____
Other investments/trusts	\$ _____		_____
Other Assets including recreational vehicles: _____			

Claims/Settlements/Income due to you or any household member:

Do you (the applicant) have a lawsuit pending?

Lawyer Name & Address: _____

Nature of Lawsuit: _____

Please note: If you have a lawsuit pending, the City of Keene will complete an Assignment of Right of Action form to place a lien on your settlement amount if any.

Applicant's initials: _____

HOUSEHOLD EXPENSES:

List actual or estimated previous month's expenses to show your financial situation.

Expense	Cost per month				
Auto Fuel	\$ _____	Electric	\$ _____	Other	\$ _____
Auto Insurance	\$ _____	Food	\$ _____	OTC Medications	\$ _____
Auto Loan	\$ _____	Health Insurance	\$ _____	Personal/Household	\$ _____
Auto Reg/Inspect	\$ _____	Home Repairs	\$ _____	Prescription Meds	\$ _____
Auto Repairs	\$ _____	Insurance Home	\$ _____	Propane	\$ _____
Bank Fees	\$ _____	Insurance Renter	\$ _____	Property Taxes	\$ _____
Burial	\$ _____	Kerosene	\$ _____	Rent M.H. Lot rent	\$ _____
Cable/Internet	\$ _____	Laundry	\$ _____	Rent	\$ _____
Campground	\$ _____	Legal Fees	\$ _____	Security Deposit	\$ _____
Child Care	\$ _____	License Driver	\$ _____	Shelter DV	\$ _____
		License	\$ _____	Shelter Homeless	\$ _____
		Professional			
Child Support	\$ _____	Life Insurance	\$ _____	Storage Unit	\$ _____
Clothing	\$ _____	Medical	\$ _____	Taxes IRS	\$ _____
Collections	\$ _____	Medical co-pay	\$ _____	Telephone	\$ _____
Credit Card	\$ _____	Merchandise to	\$ _____	Tobacco Products	\$ _____
		Own			
Cremation	\$ _____	Mortgage	\$ _____	Transportation	\$ _____
Dental	\$ _____	Motel/Hotel	\$ _____	Trash Disposal	\$ _____
Dependent Care	\$ _____	Natural Gas	\$ _____	Utilities	\$ _____
Diapers/Wipes	\$ _____	Oil Heat	\$ _____	Water	\$ _____
Loans	\$ _____	Other	\$ _____	Wood For Heat	\$ _____

Please explain what out of the ordinary expenses that you paid that caused you to have difficulties paying your monthly expenses?

Do you feel that you will be able to pay your expenses for the next month? If not, why? _____

Have you applied for all available services to help you with your expenses? (ex: Homeless Prevention Funds, DHHS Assistance, Unemployment Benefits, Fuel/Electric Assistance, etc.)? _____



RSA 165:19 - LIABILITY FOR SUPPORT INFORMATION:

The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that 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 which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days.

This section must be completed in full

APPLICANT

Your Father _____ Address _____ Phone # _____
 Deceased

Your Mother _____ Address _____ Phone # _____
 Deceased

CO-APPLICANT

Father _____ Address _____ Phone # _____
 Deceased

Mother _____ Address _____ Phone # _____
 Deceased

APPLICANT'S/CO-APPLICANT'S ADULT CHILDREN

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

CONFIDENTIALITY OF INFORMATION

In accordance with the City of Keene General Assistance Guidelines: Information given by or about an applicant/recipient of General Assistance is confidential and privileged and is not a public record and will be maintained under the provisions of RSA 91-A.



Keene
Human Services Department
City of Keene

BASIC NEEDS POLICY

Per the City of Keene Human Services guidelines, it is the applicant/ recipient's responsibility to utilize all available benefits or resources, including assistance from family, to reduce the need for general assistance. This department will direct the applicant/recipient to apply for other resources and also will require the applicant/recipient to use current resources to meet all basic needs in order to reduce the need for general assistance, now and in the future.

While working with this department, **you will be required to use your earned or unearned resources for basic needs only.** Some examples of these are:

Rent / Mortgage	Non-Food hygiene products	Electric/Gas Expense
Food	Diapers	Prescriptions
Companion Pet Food	Limited Clothing	Basic Phone Plans
Laundry	Medical/Dental	Trans w/recent

Least costly transportation expense will be allowed, with verifiable receipts, if needed for work or medical appointments or other appointments made in order to meet conditions of assistance.

The following are examples of **unallowable** expenses:

Storage Fees	Bank Fees & Title/Pay Day Loan Payments
Credit card payments	Bail payment / Court fines or fees
Video Games/Lottery	Repayment of personal loans / college loans to family
Cable	Restaurant / Fast food
Tobacco / alcohol products	Miscellaneous payments / program expenses and or fees

Unaltered, dated receipts for all expenses are required. If you do not provide receipts, we have to assume you have the money available to pay your own expenses.

I / We have read the Basic Needs Policy as part of the application.

ALL RESOURCES MUST BE USED FOR BASIC NEEDS

Applicant Signature

Co-Applicant Signature

General Assistance Reimbursement / Fair Hearing

READ CAREFULLY BEFORE SIGNING

I / We understand that:

I / We, the undersigned, agree to repay the City of Keene for any General Assistance granted pursuant to RSA 165; any misrepresentation of information pursuant to RSA 641:3 used in determining eligibility would terminate all aid from the City of Keene for up to one year; all information supplied by me / us is subject to investigation and verification.

Any change in my / our status must be reported to the Human Services Office within 72 hours of an eligibility appointment and failure to do so may result in suspension of my / our assistance.

I / We may request a Fair Hearing if I am / we are not satisfied with any decision regarding my / our assistance; I / We must do so in writing to the Human Services Director within five (5) working days of receipt of the Notice of Decision.

My / our signature(s) below constitute(s) the granting of my / our authority for the City of Keene to obtain verification and / or proof from all sources concerning my / or household's circumstances.

Applicant's Signature	Date	Co-applicant's Signature	Date
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Spouse's Signature	Date	Co-applicant's Signature	Date
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APPLICANT'S AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

I / We authorize any relative, physician, lawyer, banker, check cashing service, employer, former employer, insurance company, health care provider, mental health professional, pharmacy, hospital, emergency care facility, ambulance service, police, Sheriff, State Police, firefighter, EMT, Red Cross, Salvation Army or any persons or organizations concerning my / our circumstances to furnish such information to the City of Keene Human Services Department.

I / We further authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Bureau of Elderly and Adult Services, NH Legal Assistance, and City / Town Welfare Department, shelter / housing provider, Department of Employment Security, Veteran's Administration, Southwestern Community Services, or any nonprofit agency or any City of Keene Departments to release information from their files to the City of Keene Human Services Department.

I / We authorize the City of Keene Human Services Department to release information to any persons or organizations concerning my / our circumstances or to any State or County Division of Health and Human Services, Division of Children, Youth and Family, Social Security Administration, Internal Revenue Service, school administration, physician, Southwestern Community Services, Red Cross, mental health professional, Bureau of Elderly and Adult Services, NH Legal Assistance, and City / Town Welfare Department, shelter / housing provider, Department of Employment Security, Salvation Army, food pantries and any City of Keene Department connected with the administration of General Assistance.

Applicant's Signature	Date	Co-applicant's Signature	Date
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Spouse's Signature	Date	Co-applicant's Signature	Date
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If you need a disability-related accommodation, please inform Human Services staff.

Please Note: This application is the property of City of Keene Human Services Dept.

CASES WILL BE HELD ACTIVE FOR SIX (6) MONTHS AFTER LAST CONTACT

The City of Keene Human Services Department will be holding cases active for six (6) months from the date of last contact with this office. Returning clients must continue to comply with all requirements of prior Notices of Decision; including but not limited to using all income for basic needs as detailed on prior Notices of Decision. Clients will be expected to provide written verification of all income and dated receipts for expenses for four (4) weeks prior to their return date. Failure to comply may result in a delay or suspension of assistance.

VOLUNTARY QUIT LAW

Pursuant to the provisions of RSA 165:d voluntary termination of employment without good cause could lead to disqualification from receiving General Assistance.

RSA 641:3

The City of Keene Human Services Department may refer violations of RSA 641:3 to the appropriate authorities for prosecution RSA 641:3 provides:

UNSWORN FALSIFICATION

A person is guilty of a misdemeanor if:

- I. He / she makes a written false statement which he / 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 official function he / she:
 - (a) Makes any written false statement which he / she does not believe to be true; or
 - (b) Knowingly creates a false impression in a written application for any financial or other benefit by omitting information necessary to prevent statements therein from being misleading.
 - (c) Submits or invites reliance on any writing which he / 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 / she know to be false.
- III. No person shall be guilty under this section if he / she retract the falsification before it becomes manifest that the falsification was or would be exposed.

I / We have read the above statements and certify that I / we fully understand them.

Applicant's Signature	Date	Co-applicant's Signature	Date
Spouse's Signature	Date	Co-applicant's Signature	Date

Applicant(s) / client(s) do not sign the following until the conclusion of intake interview.

I / We hereby certify that all notes and / or alterations written on my application by the caseworker(s) during this intake process accurately reflect my responses to questions and any additional information I provided. I further certify that all written and verbal information I / we have provided has been truthful and without omissions to the best of my / our knowledge.

Applicant's Signature	Date	Co-applicant's Signature	Date
Spouse's Signature	Date	Co-applicant's Signature	Date

I hereby certify _____ signed in front of me at the conclusion of the interview.

Caseworker Signature	Date	Witness Signature	Date
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Please Circle One:

I would like to be added to the City of Keene Human Services Facebook page: Yes No
This will not affect your ability to apply for or receive general assistance.

Email to City of Keene Human Services

If the email button above is not working for you please save document and attach to an email and send to: ndarcy@ci.keene.nh.us or print and bring to City Hall, 3 Washington Street, Human Services, 2nd Floor Keene, NH