

APPLICATION FOR GENERAL ASSISTANCE

Date Received	Appointment Date
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Rec'd Electronically: _____
Rec'd in Office: _____
Rec'd via mail: _____

SMS: _____
Checklist; _____

ASSISTANCE REQUESTED: Rent for the month of: _____ First Month's Rent: _____ Rx: _____

Electric: _____ Heat: _____ Homelessness: _____ Other: _____ If less than 1 year, where did you last reside:

Street	Town/City	State	Date of Residency

Explain why you need City Assistance: _____

Applicant Full Name: _____ Social Security #: _____

Date of Birth: _____ US Citizen: Yes No Marital Status: _____

Address: _____

Phone Number: _____ Email Address: _____

Ethnic Origin: _____ Gender: Male / Female/ Non-Binary

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: Yes No Marital Status: _____

Phone Number: _____ Email Address: _____

Ethnic Origin: _____ Gender: Male / Female/ Non-Binary

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, you are considered a household. All family members must be listed on the application form.

HOUSING INFORMATION – Please complete all questions

Circle One: **Rent or Own:** Apartment / House / Room / Other **Move In Date:** _____ **# of Bedrooms:** _____

Rent Amount? \$ _____ per week / month. **Amount Paid for current month:** \$ _____

**** Total Rent Owed** \$ _____ **Fees Owed:** \$ _____

Do you have a Rental Lease? Y/N **List any roommates:** _____

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

Do you have any pets? Y/N If yes, **How many pets do you own?** _____ **What Type?** _____

Whose name is your Eversource bill listed? _____ **Account Number:** _____ :

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:** _____

Landlord Email Address: _____

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

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?** _____

How many months is your mortgage in arrearage? **Amount owed?** \$ _____

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:** _____

Signature of Co-Owner: _____ **Date:** _____

APPLICANT EMPLOYMENT – List all current employment

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

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

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

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

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 Members

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

Please list any other employment you or your household may have:

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 / TANF				
Child Support				
Church Charities				
Neighbor Helping Neighbor				
Food Stamps SNAP benefits				
Pay Day Loans Received				
Fuel Assistance / Electric Assistance				
Income Tax Refund				
Inheritance				
Private Pension				
Social Security Retirement				
SSDI				
SSI				
SSI				
Social Security Survivorship				
Unemployment NHES				
Veteran's Benefits				
Worker's Comp				
401 K Dispersions				
Family Members				
WIC				
Pay Day Loan or other Loans				

HOUSEHOLD ASSETS:

Provide information regarding ALL accounts held by you and ALL household members: You must provide a DETAILED BANK statement for every account you and your household own. Includes Direct Express and Cash Apps

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? Yes (Enter info below) No

You MUST provide a registration for every vehicle that you own.

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	\$ _____	Employer	_____
Other investments/trusts	\$ _____	Income Tax Refund	\$ _____
Other Assets including recreational vehicles: _____			

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

Do you (the applicant) have a lawsuit pending? Yes No

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: _____ Co-Applicant's initials: _____

HOUSEHOLD EXPENSES:

List actual monthly expenses that you paid last month to show your financial situation

Expense	Cost per month				
		Electric	\$ _____	Pet Care	\$ _____
Auto Fuel	\$ _____	Food	\$ _____	OTC Medications	\$ _____
Auto Insurance	\$ _____	Health Insurance	\$ _____	Personal/Household	\$ _____
Auto Loan	\$ _____	Home Repairs	\$ _____	Prescription Meds	\$ _____
Auto Reg/Inspect	\$ _____	Insurance Home	\$ _____	Propane	\$ _____
Auto Repairs	\$ _____	Insurance Renter	\$ _____	Property Taxes	\$ _____
Bank Fees	\$ _____	Kerosene	\$ _____	Rent M.H. Lot rent	\$ _____
Burial	\$ _____	Laundry	\$ _____	Rent	\$ _____
Cable/Internet	\$ _____	Legal Fees	\$ _____	Security Deposit	\$ _____
Campground	\$ _____	License Driver	\$ _____	Shelter DV	\$ _____
Child Care	\$ _____	License	\$ _____	Shelter Homeless	\$ _____
		Professional			
Child Support Paid	\$ _____	Life Insurance	\$ _____	Storage Unit	\$ _____
Clothing	\$ _____	Medical	\$ _____	Taxes IRS	\$ _____
Collections	\$ _____	Medical co-pay	\$ _____	Telephone	\$ _____
Credit Card	\$ _____	Merchandise to Own	\$ _____	Tobacco Products / Smoking related products	\$ _____
Convenience Store	\$ _____	Mortgage	\$ _____	Transportation	\$ _____
Dental	\$ _____	Motel/Hotel	\$ _____	Trash Disposal	\$ _____
Diapers/Wipes	\$ _____	Natural Gas	\$ _____	Utilities	\$ _____
Dining Out	\$ _____	Oil Heat	\$ _____	Water	\$ _____
Loans (other than car or payday)	\$ _____	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 is required by law and 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.

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
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Signature	Date	Co-applicant's Signature	Date	Spouse's
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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
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Signature	Date	Co-applicant's Signature	Date	Spouse's
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I hereby certify _____ signed in front of me at the conclusion of the interview.

Caseworker Signature	Date	Witness Signature	Date
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BASIC NEEDS POLICY



Please Note: All resources must be used for Basic Needs

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 basic needs that we can use toward eligibility are:

Rent / Mortgage	Non-Food hygiene products	Electric/ Gas Expense
Food	Diapers/Wipes	Prescriptions
Companion Pet Food	Limited Clothing	Basic Phone Plans
Laundry	Medical	Dental
Internet	Heating Costs	Medical & Childcare

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

The following are examples of **unallowable expenses**. They will not be considered toward eligibility.

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
Cable / Entertainment	Restaurant / Fast Food / Convenience Stores
Tobacco / Alcohol products	Miscellaneous Payments / program expenses and or fees
ATM / Bank Withdrawal	Vacations / Trips

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

I / we have read and reviewed the Basic Needs Policy with my caseworker.

I / we understand the eligibility process of reviewing income and expenses. I understand what basic needs are considered, and have asked about any basic or non-basic need that is outlined in this policy.

Applicant Signatruer

Date

Caseworker Signature

Date

CO-Applicant Signature

Date