

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Tenant's Name: _____ Date: _____

Address: _____
(Number/Street) (Apt. #) (City) (State)

Number of Household Members: _____ List of Household Members: _____

Occupancy date: _____ Security Deposit: Amount: \$ _____ Date paid: _____

Rent amount: \$ _____ ; paid monthly weekly other _____

If subsidized rent, please list tenant portion: \$ _____

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other _____

Date last rent was paid: _____ Amount Paid: \$ _____ Back rent owed: \$ _____

(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ OR Social Security #: _____

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

Landlord's Name Telephone / Fax Numbers

Landlord Address

Name of Manager or other Representative

Landlord Signature Date

**APPLICANT'S AUTHORIZATION FOR THE RELEASE AND
EXCHANGE OF INFORMATION
TO OR FROM THE TOWN OF Winchester, NH**

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, Landlord, Utility Company or any other person or organization having information concerning my/our circumstances to release and exchange such information to the Winchester Welfare 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, Fuel Assistance, or any non-profit / human service agency to release and exchange information from their files to and from the Town of Winchester Welfare Department.

| | | | |
|---------------------|------|--------------------------------|------|
| Applicant Signature | Date | Spouse /Co-applicant Signature | Date |
|---------------------|------|--------------------------------|------|

| | | |
|--|------|---------------------------|
| Signature of person completing form (if not applicant) | Date | Relationship to applicant |
|--|------|---------------------------|

Specific Organization Name _____ Contact Name: _____

| | |
|-------------------------|------|
| Authorization Signature | Date |
|-------------------------|------|

EMPLOYMENT VERIFICATION FORM

To Employer _____ Date _____

Address _____

Phone _____

For the purpose of administration of municipal assistance, the following information is required for:

_____ [name of employee]

Date of Hire _____ Date starting/started work _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid weekly biweekly other _____

Date of first/most recent paycheck _____ Net amount _____

=====

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination/separation _____

Signature and Title of immediate supervisor or person completing form _____ Date

To: General Assistance Applicants
From: Winchester Welfare Director (603-239-4951 EXT. 3)
Subject: Application for Assistance from the Town of Winchester

Please read the information below before applying for assistance.

Attached to this memo you will find an application packet which needs to be completed to apply for assistance from the Town. The packet contains the following:

An application - Completed & signed by you and your spouse/significant other

A rental verification form - to be completed by the landlord

An authorization form - Signed by both you and your spouse/significant other

- You **MUST** supply copies of all bills/receipts; lights bill, phone bill, cable bill, car payment, heating oil or propane, mortgage or rent payments, prescriptions, and a detailed bank statement (30 full days)
- Provide verification of ALL Household Income; paystubs, notice of decision from other agencies, SSI, SSDI, Veterans allocations.

A determination cannot and will not be made until we have copies of all the above.

Once you have fully completed all of the items listed above, you then return the completed application and the copies of all bills and income verifications to the Welfare Director at the Town Hall.

If all the necessary forms are returned, your request can be processed. If there is missing information, it will slow down the process and you will be contacted about the missing information.

During your meeting with the Welfare Director your request for assistance will be discussed (please ask any questions you may have about the decision and or the compliance conditions that are requested of you). After your application has been reviewed and a decision has been made on your application you will be sent a Notice of Decision and Compliance Conditions, (if any)

(Drop-in appointments are not available unless there is an extreme emergency situation).

IN CASES OF SEVERE EMERGENCY, such as disconnection of heat and/or electricity, no housing or food, please advise the office as soon as possible so that the situation can be dealt with promptly and ensure that no one's health or safety is jeopardized.

10. To provide identification and documentation of income and resources of all household members applying for assistance, including medical records if disability is claimed and any other pertinent information when requested.

An applicant shall be denied assistance if he/she fails to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section XIII(C).

Any recipient may be denied or terminated from general assistance, in accordance with the above or may be prosecuted for a criminal offense, if he/she, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

**NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE
FROM THE TOWN OF WINCHESTER, NH**

You have the following rights:

1. You have a right to make a written application for general assistance, even if the Human Services and Resources Coordinator, tells you that you are not eligible.
2. If a written application is made and all required verifications are provided, a written decision telling you whether or not you will receive assistance will be issued within 5 days.
3. You have a right to appeal any decision you do not agree with. You must appeal within five (5) working days after issuance of the decision.
4. You have a right to have a hearing to present your case.
5. You have a right to have your assistance continued if you are already receiving assistance when you request a fair hearing.
6. You have a right to review the information in your file before your hearing.
7. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
8. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.

I / We have read and understand the Basic Needs Policy and my Notice of Rights (Please, sign and return this acknowledgement with your completed application packet.

Applicants Signature

Date

Co-Applicant Signature

Date

Other expenses that the Town of Winchester will not assist you with, (but may be considered as a necessary expense) are as follows:

Car Payments Car Repairs Car Registration Car Insurance Telephone

**The ownership of one automobile¹ by an applicant/ recipient or his/her dependent does not affect eligibility if it is essential for transportation to seek or maintain employment, to procure medical services or rehabilitation services, or if it is essential to maintenance of the individual or family. Essential means that there is NO OTHER TRANSPORTATION AVAILABLE. Car payments WILL NOT be considered justifiable expenses when determining eligibility.*

Provide verification of ALL Household Income; paystubs, notice of decision from other agencies, SSI, SSDI, Veteran's allocations.

NOTICE OF RIGHTS AND RESPONSIBILITIES

- **All Applicants and recipients are expected to apply for, accept, and provide documentation of any benefits or resources, public or private that will reduce or eliminate the need for town assistance** at the time of initial application, and at all times thereafter, the applicant/recipient has the following responsibilities:
 1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19
 2. To notify the welfare official promptly when there is a change in needs, resources, address or household size
 3. To apply for immediately, but no later than 7 days from initial application, and accept any benefits or resources, public or private, that will reduce or eliminate the need for general assistance. RSA 165:1-b, I (d)
 4. To keep all appointments as scheduled
 5. To provide records and other pertinent information and access to said records and information when requested
 6. To provide a doctor's statement if claiming an inability to work due to medical problems
 7. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search (the number of work search contacts to be determined by the welfare official), to accept employment when offered (except for documented reasons of good cause (RSA 165:1-d)), and to maintain such employment. RSA 165:1-b, I(c);
 8. Following a determination of eligibility for assistance, to participate in the workfare program (workfare) if physically and mentally able. RSA 165:1-b, I (b)
 9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

**General Assistance –
Town of Winchester, NH**
Basic needs policy and notice of rights and responsibilities
Please read the information below before applying for assistance.

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 a 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 the officials be summoned to appear in court. If, after 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 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.

As a condition of assistance, you are required to use your earned or unearned income for your basic needs first. If you have utilized all your personal resources and are still unable to pay for your basic needs, then and only then should you seek assistance from the Town of Winchester. Basic needs are as followed:

| | | |
|---------------|----------------|-----------------------|
| Rent/Mortgage | Heat/Utilities | Transportation |
| Food | Diapers | Prescriptions/Medical |

The least costly transportation expense will be allowed if needed for work or medical appointments or other appointments made in order to meet the conditions for assistance.

Burial assistance is given only if a need is verified by the Funeral Home which the family is utilizing.

All applications for General Assistance **MUST** include copies of all current bills and expense receipts; they must be unaltered and dated. You must also provide proof of all HOUSEHOLD income, via paystubs, employer letter, DHHS or VA notice of decisions for SSI- SSDI-TANF- APDT- OAA – ANB- and VA payments, a **detailed bank statement (1 full month)** Without these verifications a decision **will not** and **cannot** be made.

The Welfare office requires applicants and recipients to utilize available resources for basic needs **FIRST** and may be required to provide dated and signed receipts.

The following are examples of unallowable expenses that we will not assist you with. These are choices you made, that are not necessities, and may have caused you not to have the funds for your basic needs.

- | | | |
|------------------------|------------------------|----------------------------|
| ◦ Credit Card Payments | Personal Loans | College/Student Loans |
| ◦ Home/Rent Insurance | Restaurant / Fast Food | Night life / Entertainment |
| ◦ Bail Payments | Court Fines or Fees | Tobacco / Alcohol Products |

I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165-28a)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. 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 the crime of Unsworn Falsification (RSA 641:3)

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

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 General Assistance Coordinator within 5 working days of receipt of the Notice of Decision.

As required by RSA 165:28, the law requires the Town of Winchester to place a lien for welfare aid received on any real estate owned by and assisted person in all cases. Interests at the rate of 6% per year shall be charged on the amount of money constituting the lien commencing one year after the date the lien is filed. The lien will remain in effect until enforced, released or until the amount of the lien is repaid to the Town.

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. (RSA 165:1-d)

| | | | |
|--|---------------|--|---------------|
| _____ Applicant Signature | _____ Date | _____ Spouse or Co- applicant signature | _____ Date |
| _____ Signature of person completing form (if not applicant) | _____ Date | _____ Signature of Witness | _____ Date |

In accordance with the Town of Winchester Local Welfare Guidelines, information given by or about and 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

Child Support Paid _____ Fuel Oil _____ Rent-To-Own _____
 Car Gasoline _____ Gas, Bottled _____ School Loan _____
 Car Insurance _____ Gas, Natural _____ Storage _____
 Car Payment _____ Health Insurance _____ Telephone _____
 Condo Fee _____ Laundry _____ Other _____
 Child Care _____ Loan _____ Other _____
 Credit Card _____ Lot Rent _____ Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____ Drivers License _____ Medical _____
 Car registration _____ Fines/Court Payments _____ Sewer/Water _____
 Car repair _____ Home Repairs _____ Tax (Income/Property) _____
 Dental _____ Home/Rent Insurance _____ Other _____

7. Criminal Information:

Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) _____ If yes, who? _____ When? _____

Town/City & State of conviction _____ Details of conviction: _____

Are you or any member of your household presently on parole or probation? (yes/no) _____

If yes, who? _____ Court or jurisdiction? _____

Name & phone number of parole/probation officer _____

8. Liability for Support Information: (seek information from applicant's legally liable relatives)

Please provide following details:

Your father _____ Address _____ Phone # _____

Your mother _____ Address _____ Phone # _____

Co-applicant father _____ Address _____ Phone # _____

Co-applicant mother _____ Address _____ Phone # _____

You or co-applicant's adult children _____

9. Certifications and Signatures:

I understand that if I receive assistance from the municipality, I may be required to participate in the welfare work ("workfare") program. (RSA 165:31) I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed if applicable, if I am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20-b).

| | | | |
|-------------------------------|-------|-------|-------|
| Disability (Employer) | _____ | _____ | _____ |
| Food Stamps | _____ | _____ | _____ |
| Fuel Assistance | _____ | _____ | _____ |
| Gifts/Loans | _____ | _____ | _____ |
| Maternity Benefits | _____ | _____ | _____ |
| Medicaid | _____ | _____ | _____ |
| Retirement | _____ | _____ | _____ |
| Severance Pay | _____ | _____ | _____ |
| Social Security | _____ | _____ | _____ |
| SSDI (SS Disability) | _____ | _____ | _____ |
| SSI (Supplemental Security) | _____ | _____ | _____ |
| TANF | _____ | _____ | _____ |
| IRS Tax Rebate | _____ | _____ | _____ |
| Unemployment | _____ | _____ | _____ |
| Vacation Pay | _____ | _____ | _____ |
| Veteran's Pension | _____ | _____ | _____ |
| Vocational Rehabilitation | _____ | _____ | _____ |
| WIC(Women/Infants/Children) | _____ | _____ | _____ |
| Worker's Compensation | _____ | _____ | _____ |
| Other: [] | _____ | _____ | _____ |

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

| <u>Name</u> | <u>Agency Name</u> | <u>Contact Person</u> |
|-------------|--------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Household Expenses: All expenses listed must have verification documentation.

List actual or estimated regular monthly expenses. (You must verify all expenses, by supplying copies of all bills and or receipts to show your actual financial situation.)

| | | |
|----------------------|----------------|---------------------|
| Bank Fees _____ | Diapers _____ | Mortgage _____ |
| Bus/Cab _____ | Electric _____ | Prescriptions _____ |
| Cable/Internet _____ | Food _____ | Rent _____ |

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

| <u>Name</u> | <u>Bank/Credit Union</u> | <u>Savings Acct. #</u> | <u>Savings Balance</u> | <u>Checking Acct. #</u> | <u>Checking Balance</u> |
|-------------|--------------------------|------------------------|------------------------|-------------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____
 Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____
 Trust Funds _____ Retirement Accounts _____ Insurance Policies (cash value) _____
 401k _____ Military Benefits _____
 Property other than primary residence _____ Location _____
 Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____
 Other Assets (please list) _____

Claims/settlements/income due to you or any household member:

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____
 Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____
 Other Lump Sum Payment (explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit?

Lawyer Name/Address _____
 Reason _____

Do you or any household member have a lawsuit pending? _____ Who? _____

Please give details _____
 Lawyer Name/Address _____

5. Household Income: Indicate any benefits or income received or applied for by you or any household member:

| | <u>Name</u> | <u>Date Applied</u> | <u>Date Last Received</u> | <u>Monthly Amount</u> |
|------------------------------|-------------|---------------------|---------------------------|-----------------------|
| ANB (Aid to the Needy Blind) | _____ | _____ | _____ | _____ |
| APTD | _____ | _____ | _____ | _____ |
| Child Support | _____ | _____ | _____ | _____ |

2. Housing Information:

Rent amount _____ per (month/week) _____ Date last paid _____ Date due _____

Do you have a current: Demand For Rent Notice to Quit Landlord/Tenant Writ

Total rent owed _____ Do you have a housing subsidy? _____

Utilities Included: Heat Electric Gas Water/Sewer Other

LANDLORD: Name _____ Telephone _____

Address _____

HOME-OWNER: Mortgage Amount _____ Date last paid _____ Acct # _____

Bank/Mortgage Co _____ Telephone Number _____

Address _____ Foreclosure Notice _____

3. Education / Training / Employment:

| | <u>Highest Grade</u> <u>Attended</u> | <u>G.E.D. or</u> <u>Diploma</u> | <u>Special Training or Skills</u> | <u>Military</u> <u>Service</u> |
|----------------------------|---|------------------------------------|-----------------------------------|-----------------------------------|
| Applicant: _____ | _____ | _____ | _____ | _____ |
| Spouse/Co-Applicant: _____ | _____ | _____ | _____ | _____ |

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When began work _____ Date/Amount of most recent check _____

Are you unemployed now? _____ Reason _____

Date last worked _____ Employer _____ Date/Amount last check _____

Are you able to work now? _____ If not able, why not? _____

Motor vehicles owned by you and all household members:

| <u>Owner</u> | <u>Auto Make</u> | <u>Model</u> | <u>Year</u> | <u>Value</u> | <u>Payments</u> | <u>Insurance</u> |
|--------------|------------------|--------------|-------------|--------------|-----------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

List all employers for the past year, for all household members aged 18 & older:

| <u>Name</u> | <u>Employer</u> | <u>Pay</u> | <u>Hours Per</u> <u>Week</u> | <u>Employment</u> <u>Dates</u> | <u>Reason for</u> <u>Leaving</u> |
|-------------|-----------------|------------|---------------------------------|-----------------------------------|-------------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

4. Household Assets:

**TOWN of WINCHESTER
APPLICATION FOR GENERAL ASSISTANCE**

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

Street Address _____

Mailing Address _____ Email _____

Telephone _____ Social Security# _____ US Citizen? _____

Marital Status _____ Rent or Own? _____ How long at this address? _____

Spouse/Co-Applicant Name _____ Social Security# _____

Spouse/Co-Applicant address (if not same as applicant) _____

Assistance Requested _____

Reason for request (explain your situation) _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

List below all persons living in your household: List persons in household not living in home

| Full Name | Relationship | Date of Birth | Social Security # |
|-----------|--------------|---------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you or a family member ever served in the military? _____ Yes _____ No

If Yes, who (example spouse, self) _____

List your current address plus your past 2 year's addresses:

| Street | Town/City | State | Dates of Residence |
|--------|-----------|-------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____
Social Security Number: _____ D.O.B.: _____
Address: _____ Phone: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

You must provide the following verification/documentation at this appointment
or assistance may be delayed or denied:

- _____ Completed Application Form
- _____ Rental Verification Form
- _____ Last four weeks pay-stubs or other proof of net wages
- _____ Last four week's receipts or other proof of bills paid or currently due
- _____ Employment verification form from your employer
- _____ Employment termination form from your last employer
- _____ You have applied for / are receiving Social Security benefits
- _____ You have applied at the HHS District Office for:
 - Emergency Food Stamps Food Stamps TANF
 - Title XX Daycare APTD/MA OAA
 - TANF Emergency Assistance
- _____ You have applied for / are receiving Fuel Assistance benefits
- _____ Verification of injury or illness
- _____ You have applied for / are receiving Unemployment Compensation
- _____ If available, picture ID (Adults); Birth certificate/SS card (minors)
- _____ Vehicle registration
- _____ Savings and checking account, liquid asset statements, bankbooks
- _____ Statement child support payments received / Child support court order
- _____ Statement from room-mate(s) regarding division of expenses
- Other: _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Welfare Staff signature

Applicant signature