



TOWN OF HENNIKER – WELFARE OFFICE

PUBLIC ASSISTANCE APPLICATION

The Town of Henniker Welfare Department provides temporary emergency assistance to Town residents for the basic necessities of life when all other resources have been exhausted. Assistance is rendered in voucher form only.

In addition the Director of Welfare can work with residents in applying for Federal and State programs or the redetermination process. In addition, the Director can assist in finding resources and services that could assist you and your family. Please contact the office. It is helpful if fill out this application, even if you do not know what or where to get help.

Contact: Carol Conforti-Adams, Director of Welfare can be reached Monday – Friday office phone 428-3221 ext. 7. Please leave a message and best time to call you back. The Director will call to make an appointment or answer your questions. (Weekend emergency please call Henniker police or dial 211 to connect to emergency resources).

WALK-IN OFFICE HOURS

Monday 11:30am -1:30pm

Wednesday 4:30pm - 6:30pm

Individual appointments Monday – Friday

Office location:

The Grange (next to library)

21 Western Ave

Henniker, NH 03242

Mailing address:

18 Depot Hill Rd

Henniker, NH 03242

Email: caseworker@henniker.org



**Town of Henniker
Application for
General Financial Assistance**

Date application received: _____

Date application reviewed: _____

Please print. Fill in all areas or indicate if something does not apply with N/A.

Applicant Name(s)

Applicant
Co-applicant

Household information

Street Address		Unit #	Length of time
City		State	Zip code
Home	Cell	Email	

Household members 18 or older

Full Name	Age	Date of Birth	Social Security Number	Marital Status
1.				
2.				
3.				
4.				

Household members under the age of 18

Full Name	Age	Date of Birth	Social Security Number	Relationship to applicant	Medical Coverage Yes or No
1.					
2.					
3.					
4.					

List the addresses you have lived in the last two (2) years starting with most recent

Address	City / State / Zip Code	Dates (from - to)
1.		
2.		

Household Payment Information

☐ Rent ☐ Own Home ☐ Lease with option to buy ____ # of Bedrooms

Amount of rent or mortgage: \$ ____ How often: ☐ weekly ☐ bi-weekly ☐ monthly

When is rent due? ____ Back rent owed: ____ If so, how much? ____

Rent / housing cost included: ☐ Electric ☐ Heat ☐ Water ☐ Escrow for taxes /insurance

Information on Landlord and/or Mortgage Company

Name	Address	City	State	Zip code

Do you currently have: ☐ Notice to Quit ☐ Demand for Rent ☐ Foreclosure

If yes, when were you served: ____ Date of action: ____

Non-Household Relatives Responsible for Assistance per RSA 165.19

Mother's Name (<i>First & Last</i>)	Address	City	State	Zip code
Father's Name (<i>First & Last</i>)	Address	City	State	Zip code

Work History *of all household members for the last two (2) years*

Members	Employer	Position	Wage/Salary	Employment Dates	Reason for Leaving
				to	
				to	
				to	
				to	
				to	
				to	

Military Service Record *of all household members*

Veteran	Military Branch	Benefits	Dates Served	Status
			to	
			to	
			to	

Educational Background *of all adult household members*

Members	Grade Last Attended	Degree	Types of Training/Skills

If there are any circumstances that keep any adult household member from being employed full-time please explain:

Have you applied to town or city welfare before: ☐ No ☐ Yes, if yes, please answer questions below.

When: _____ What city /town: _____ Under what last name: _____

What assistance did you receive: _____

List All Assets and Accounts of Household Members

Name of Account Holder	Bank/ Credit Union Name/ Debit Card Co.	Checking or Debt (<i>One month statement needed</i>)	Checking or Debit Balance Today	Saving Account Number	Saving Balance Today

Household Asset Type	Check if none	Account Name or Property Address	Account Number	Account or Property Owner
Certificates of Deposit (CD)				
Savings Bonds				
Mutual Funds				
Stocks or Bonds				
Retirement Accounts (IRA, 401K, 457, etc.)				
Property other than main housing				
Motorcycle, Boat, ATV, RV, Snowmobile				
Annuities				
Trust Fund				
Insurance Policy with cash value (whole life)				
List any Other Assets				

Household Future Claims/Settlements or Income

Type	Check if none	Name it is under	Contact or Telephone #	Amount Expected
IRS Refund				
Insurance Claim				
Retroactive Disability				
Retroactive Unemployment				
Inheritance				
Other Lump Sum	Explain:			

Is anyone in your household represented by a lawyer or consulted a lawyer regarding a lawsuit check if no: ☐

Lawyer Name	Address	Telephone #
Give details or reason or write none:		

Household Motor Vehicles check if none: ☐

Owner	Auto Make	Model	Year	Value	Payment Amount

Household Income and Resources	Check if none	Amount Last Received	Date Last Received	Frequency Received	Name Received Under	If applied give date
State Cash TANF (Temporary Assistance to Needy Families)		\$				
State Cash APTD (Aid to Permanent & Total Disabled)		\$				
Food Stamps		\$				
Fuel Assistance		\$				
State Old Age Assistance		\$				
State Aid to the Blind		\$				
Child Support		\$				
Employer Disability Pay		\$				
Retirement or Pension		\$				

Household Income and Resources	Check if none	Amount Last Received	Date Last Received	Frequency Received	Name Received Under	If applied give date
WIC supplement foods		\$				
SSDI (Disability)		\$				
SSI (Supplemental)		\$				
Unemployment		\$				
Severance Pay		\$				
Veteran's Benefit		\$				
Vocational Rehab.		\$				
Trust /Annuity/Saving Bond		\$				
Income Tax Return		\$				
Workman's Compensation		\$				
Wages (applicant)		\$				
Wages (2nd applicant)		\$				
Wages (3rd applicant)		\$				
Wages (minor over 14)		\$				
Boarder or Rental Income		\$				
Self-Employment		\$				
Gifts or Loans		\$				
Other:		\$				

Medical Insurance Coverage

If there is **NO COVERAGE** in household check here: ☐

Insurance or Assistance	Who is covered?	Start or Application Date	End Date	Cost	Co-pay cost or deductible

Household Basic Need Expenses	None	Monthly Estimate	Last Amount Paid	Last Date Paid	Amount behind
Rent (Includes utilities)					
Mortgage (Includes tax & ins. escrows)					
Food					
Electric Bill (includes heat)					
Heat (natural gas, propane, oil)					
Telephone					
Prescriptions Expenses					
Car Payment					
Car Gasoline					
Household cleaners, paper product, laundry & personal hygiene supplies					
Child Care Expense for working hours					
Rent Lot for Mobile Home					
Condo Fee					
Other:					

List any unplanned, emergency or irregular expenses that you have documentation for in the last 30 days. Such as car registration, inspection, repairs; driver's license; water bill, transportation costs; taxes (income or property & sewer); home repairs or insurance; medical or dental bills; court ordered fines or payments. (Will need documentation)

List Expenses	Amount	Date Paid	Balance still owed

Assistance Requested: _____

Reason for Request: _____

**Please initial each statement below showing that you have read and understand the statement.
Please do not hesitate to ask any questions.**

I understand that if our household receives assistance then our household members will be required to repay any assistance provided if we are returned to income status, which enables us to reimburse the Town without financial hardship. (RSA 165:20-b) _____ (initials)

I understand that if our household receives assistance from the Town, household members over 18 may be required to participate in a work program to re-pay any assistance and complete a job search for full-time work. (RSA 165:20-b) _____ (initials)

I understand that if our household receives assistance, the Town may place a lien against any real property in which any household member owns. For Real Estate a lien will be recorded with the Registry of Deeds and accrue a 6% interest starting one year after first assistance is given. After re-payment a lien is removed. (RSA 165:28) _____ (initials)

I understand that if assisted, the Town may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving Town Assistance. (RSA 165-28-a) _____ (initials)

I understand that the Town reserves the right to investigate and pursue reimbursement from responsible relatives. (RSA 165:19) _____ (initials)

I understand that if anyone in my household obtains a job after we are assisted by any municipality and he/she later quits the job without good cause, we may be ineligible for local assistance from any municipality for a period of up to ninety days. (RSA 165:1-d) _____ (initials)

I understand that any changes in status of the above information must be reported to the Welfare Official within three (3) working days. _____ (initials)

I understand that the information supplied in this application and verifications provided are subject to investigation. _____ (initials)

I further understand that my signature(s) below constitutes the granting of my authority for the Town of Henniker to obtain verification and/or proofs from appropriate sources having knowledge concerning our household circumstances. _____ (initials)

*** * * This section below must be signed and witnessed in the presence of the Welfare Director * * ***

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides true information of my income, assets, resources, expenses and needs. I understand any false, misleading or omitting information or statements in my application shall result in termination of any assistance and prosecution per RSA 641:3.11 (a-c) which a person is guilty of a misdemeanor if with a purpose to deceive a public servant in the performance of his or her official function.

I hereby certify that all the 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 or misleading information or withhold or omit information related to my receipt of assistance, now or in the future, the Town assistance shall be terminated and I shall be prosecuted for the crime of Unsworn Falsification. (RSA 641:3).

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Welfare Director: _____

Date: _____

Applicants Reimbursement Agreement

We understand and agree to repay the Town of Henniker, NH for any assistance granted pursuant to RSA 165 at some future date when possible. Such recovery of these expenses shall be made through a repayment program per RSA 165:20-B.

Applicant

Date

Co-Applicant

Date

Applicants Authorization to Furnish Information

I / We authorize and request any relative, physician, lawyer, banking/lending/financial institution, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, healthcare provider, mental health professional /provider, pharmacy, hospital, emergency care facility, ambulance service, funeral home/ crematorium, rent-to-own business, police, sheriff, State Police, fire department, tax preparer, accountant, Department of Homeland Security, Social Security Administration, any state or county division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any town, city, county, state or federal department, shelter, domestic violence or crisis organization, Department of Employment Security, Veteran's Administration, Southern NH Services, or any other public, religious or private organization providing assistance or help or any other person, business, organization or agency **having information concerning my circumstances to furnish such information to the Henniker, NH Welfare Director for the purposes of my establishing application for general assistance.**

Applicant Signature

Date

Co-Applicant Signature

Date

Applicants Release of Information

I/We authorize the Town of Henniker, NH Welfare Department to release information to any relative, physician, lawyer, banking/lending/financial institution, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, healthcare provider, mental health professional provider, pharmacy, hospital, emergency care facility, ambulance service, funeral home/crematorium, rent-to-own business, police, sheriff, State Police, fire department, tax preparer, accountant, Department of Homeland Security, Social Security Administration, any state or county division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any town, city, county, state or federal department, shelter, domestic violence or crisis organization, Department of Employment Security, Veteran's Administration, Southern NH Services, or any other public, religious or private organization providing assistance or help or any other person, business, organization or agency concerning my/our circumstances in the event that it should be necessary that such release is made to further my application for or receipt of assistance or benefits from that agency I agree to waive my right of privacy and confidentiality.

Applicant Signature

Date



**Town of Henniker
Welfare Department**

LANDLORD RENTAL - VERIFICATION FORM

To be filled out and signed by landlord.

Name of Renter(s): _____

Address of rental property: _____

If this is new housing for this tenant what income is this client(s) using to provide proof that he/she/they will be able to afford this housing on a monthly basis? _____

Names on the rental lease: _____

Names of all people to be residing in this address: _____

Number of bedrooms: _____ Date occupancy began: _____

Amount of rent: \$ _____ per: ☐ Week ☐ Bi-weekly ☐ Month

Is there past rent due: ☐ yes ☐ no how much \$ _____

Does rent include: ☐ electric ☐ heat ☐ water ☐ other: _____

Amount of deposit on rental: \$ _____ Paid by: _____

LANDLORD CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____



Documentation Required With Financial Assistance Application

Name: _____ Today's Date: _____

Email Address: _____ Phone: _____

The following checked off information or anything else applying to **all your household** must be brought in at the time of your appointment in order for you to apply for Welfare from the Town of Henniker. The Town requests a good faith effort to obtain information, which may not be immediately available due to location or other circumstances beyond your control. Failure to provide required documentation might delay processing of your application.

- ☐ **PROOF OF INCOME LAST 30 days** from any source for current month (pay stubs, wage verification form, Terminated Employment Documentation, child or alimony support payments, Worker's Compensation documentation, Social Security benefits, State Cash Assistance, Unemployment compensation, affidavit from family and friends providing assistance, etc.)
- ☐ **RESIDENCE/SHELTER EXPENSES** current rent receipts, lease, mortgage book or statement, (breaking payment into principal, interest and escrow amounts), & utility bills (electric, water, heating bill and phone).
- ☐ **PERSONAL EXPENSES VERIFIED** the last 30 days expenses of prescription receipts or pharmacy printout, daycare receipts (if working), required car repair bills, car registration and inspection.
- ☐ **PROOF OF PERSONAL OR REAL PROPERTY** vehicle registration, house, trailer, motorcycle ownership income and expenses etc. and loan payment books/statements/print outs.
- ☐ **PROOF OF RESOURCES** Fuel or Electric Assistance, Food Stamps, Cash or Medical Assistance (all pages). Last 30 day printout for debit card, savings/checking accounts or last current statement with check book or debit card. Current balance of checking or savings accounts, credit union accounts, CD, 1RA, 40 1K, life insurance with cash value, etc.
- ☐ **DOCTOR'S STATEMENT** if unable to work (extent of disability and duration)
- ☐ **DOCUMENTATION OF APPLICATION TO STATE OR FEDERAL AGENCIES**, Application for Cash Assistance, Emergency Food Stamps, Food Stamps, Medical, or Child Care to State Welfare at 40 Terrill Park Drive Concord, NH 03301 271-6200; (800) 322-9191. Sign-up on line www.nheasy.nh.gov or complete Application of SSDI or SSI from Social Security, 70 Commercial St, Concord, NH 03301. Social Security local: 1-888-397-9798. TTY: 225-8475. Call Community Action Program (CAP) for Fuel and Electrical Discount Assistance for appt. 456-2207
- ☐ **DIVORCE DECREE OR MARRIAGE LICENSE**
- ☐ **PROOF OF IDENTIFICATION** Picture ID, Birth Certificate and Social Security Card of all household members
- ☐ **PROOF OF CHILDREN** Picture IDs, Birth Certificates and/or Social Security Cards
- ☐ **AFFIDAVIT** signed by you indicating that immediate financial assistance is not available from responsible relatives per State Law RSA 165:19. (attached to application)
- ☐ **TERMINATION or SANCTION NOTICE** from previous welfare office (state or city/town)
- ☐ **RENTAL VERIFICATION FORM** completed by Landlord (if enclosed).
- ☐ **DOCUMENTATION OF EMERGENCY** Demand of Rent, Notice to Quit, Disconnect of Electric or Heat, or Prescriptions and MD Medical Necessity of Prescription Need Form.
- ☐ **OTHER**

Mailing address: Welfare Department
18 Depot Hill Road
Henniker NH 03242

Office Location: Grange Building
21 Western Ave
Henniker, NH 03242

Walk-in hours Monday 11am-1:00pm, Wednesday 4:30-6:30pm or by appointment.

428-3221 ext. 7 caseworker@henniker.org

Appointment on _____ at _____ with Welfare Director, Carol Conforti-Adams, 21 Western Ave, Henniker.