

# Town of Farmington, NH

## Welfare Office

356 Main Street  
Farmington, NH 03835  
603 – 755-3100 x35

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

The following documentation/verifications are required for you to bring to any appointment scheduled for you with the Welfare Officer. Failure to provide this verification/documentation may cause any assistance to be delayed or denied. Please, call the phone number listed above if you have any questions.

- Complete Application Form & Read, sign & Date "Responsibilities of the Applicant/Client" in this package.
- Identification for each household member (Driver's License, Birth Certificate, Social Security Cards, etc.)
- Last four weeks pay-stubs or other proof of net wages on ALL employed household members. If you do not have 4 weeks of pay stubs, provide a statement from the employer(s) that includes the date of hire, start date, hourly rate, hours per week, pay schedule, contact name & phone number.
- Verification of any unearned income, this includes, but is not limited to: Aid to Need Blind, Aid to the Permanently & Totally Disabled, Old Age Assistance, Childcare, Temporary Aid to Needy Families, Emergency Assistance, Social Security benefits for all household members, and Child Support, any loans or assistance from family or friends.
- Apply for Emergency Food Stamps immediately through the Department of Health & Human Services at 150 Wakefield Street in Rochester (332-9120)
- Documentation of divorce, custody/child support and/or restraining orders.
- If you are unemployed, verification that you have applied for or are receiving Unemployment Compensation.
- If you applying for rental assistance, Rental/Residency Verification Form & W9 **MUST BE FILLED OUT BY LANDLORD**
  - Apartments and houses - Notice to Quit / Demand for Rent
  - For motels & hotels – provide invoice of last paid amount + signed contract from motel/hotel
- Last 4 weeks of receipts and proof of bills paid.
- Bills currently due, any disconnect notices, eviction papers as cited above.
- Vehicle registration if you own a vehicle (car, motorcycle, etc.)
- If you share a house/apartment with a roommate(s), statement outlining division of expenses.
- Verification of injury or illness – Doctor's note, if appropriate to your situation.
- A 30-day activity report for all checking & savings accounts in the household as well as bank verification of account balances within 48 hours of the appointment
- Rent Receipts or Rent Record from Landlord – LAST 6 MONTHS
- Lease Agreement
- Eviction Notice / Notice to Quit
- Other \_\_\_\_\_

**Town of Farmington  
Welfare Office**  
356 Main Street  
Farmington, NH 03835  
(603) 755-3100 x 35  
(603) 755-9934 FAX

## ***RE: Income Tax Refund***

Please be advised that if you are requesting assistance from this office, all income tax refunds will be considered income and must be used for allowable expenses such as rent (including arrears), utilities, medications, medical bills, and child care. Budgets in this office will include all income, and assistance will be determined from the household budget.

You are required to provide this office with a copy of your Income Tax Return/Refund paperwork. You must immediately notify this office of any refund payment. Not doing so will be considered fraud and will be prosecuted accordingly.

I have read and understand the above. I will provide a copy of my income tax within 7 days of when I file. I will keep receipts of what the money has been spent on to provide to the Town of Farmington in the event that I need assistance again in the future.

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Name

Date

## Responsibilities of the Applicant/Client

At the time of the initial application, and as long as a client is receiving assistance or the case is open, the client shall comply with each of the following responsibilities. Applicants shall:

1. Submit an Application for Assistance, sign all releases of information, include any supporting documentation, provide complete, accurate and truthful information in all respects and to comply with all requirements set forth in each Notice of Decision, for example, client must provide proof of all household income and dated receipts for all household expenses;
2. Provide accurate and complete information without misrepresentation or omission concerning needs and resources; cooperate fully and completely in answering all questions asked by the welfare official, including providing information regarding all legally liable relatives (RSA 165:19). Refusing to answer all questions asked by the welfare official may result in a denial of the requested assistance.
3. Report to the welfare official, within three (3) working days, any and all changes in circumstances, particularly the receipt of any financial resources from any source;
4. Apply for and accept any benefit or resource (public or private) that reduces or eliminates the need for local General Assistance upon application and within seven (7) days after the date of the interview;
5. Cooperate fully and completely with the welfare official in verifying all information that has been provided and is necessary to determine eligibility and to notify the welfare official, within three (3) working days, of any changes which differ from the information provided on the Application For Assistance or on the Update Application;
6. Cooperate fully and completely with the welfare official when the welfare official(s) make(s) a home visit;
7. Keep all appointments as scheduled unless a verifiable emergency prevents keeping the scheduled appointment. In such an event, promptly providing verifiable documentation of the emergency;
8. Provide records and other required information and access to such records and information, when requested;
9. Provide the Request for Medical Information form completed by a medical doctor or physician's assistant as to the level of work that can be performed by the client if claiming an inability to work due to medical problems. Chiropractors, social workers, and psychologists are not considered licensed medical providers for purposes of these Guidelines;
10. Immediately report the theft and/or loss of any money, voucher or other valuable property to the appropriate entity and/or law enforcement authority and provide the welfare official with proof of the report to law enforcement;
11. Diligently search for employment;
12. Provide verifiable documentation 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 once assistance has been granted. RSA 165:1-b, I(c);
13. Participate fully in the Welfare Work Program, if physically and mentally able if assigned by the welfare official. RSA 165:1-b I (b);
14. Cooperate fully and completely with the welfare official to obtain reimbursement to the Town of Farmington for assistance provided by any means authorized by law, and to notify the welfare official of any pending civil judgment(s), law suit(s), inheritance(s), financial settlement(s), insurance claim(s) and any other financial award(s);
15. Make reimbursement of any assistance granted when and if returned to income status and if such reimbursement can be made without financial hardship. RSA 165:20-b; 16. To read and sign a copy of the "Responsibilities of Applicant/Client" document which has been provided.

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Applicant/Client

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Date

Welfare Office

(Please answer each question)

Phone: (603) 755-3100 x35 Fax: (603) 755-9934

Have you ever applied for Farmington welfare before? Yes \_\_\_ No \_\_\_ If yes, When? \_\_\_\_\_ What Name \_\_\_\_\_

Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Referred By \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Spouse/Cohab/Roommates \_\_\_\_\_

Maiden Name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Taken By \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

LIST EVERYONE WHO LIVES IN THE HOUSEHOLD, BEGIN WITH YOURSELF ON THE FIRST LINE

Full Name	Relationship	Marital Status	Birthdate	Age	Social Security Number	Name of Child's School	Grade
	self						

LIST ANY OF YOUR CHILDREN WHO DO NOT LIVE WITH YOU. INCLUDE CHILDREN OVER 18 YEARS OF AGE

Full Name	Birthdate	Address	Employer	Name of Guardian if child is under 18

LIST MARITAL HISTORY OF ALL ADULT HOUSEHOLD MEMBERS

Your Name	Spouses Name	Date of Marriage	Place of Marriage City/Town/State	Legal Status (Divorce/Sep)	Date of Div/Sep	Custody of Children

LIST YOUR ADDRESSES FOR THE LAST TWO YEARS, BEGIN WITH YOUR PRESENT ADDRESS

Street Address Room or Apt. #	Town / City / State	From (Month / Date / Year)	To (Month / Date / Year)

Have you ever applied or received assistance from any other city, town, or state welfare office? Yes \_\_\_ No \_\_\_ If yes, provide details: Where? \_\_\_\_\_ When? \_\_\_\_\_ What type of assistance? \_\_\_\_\_

Under what name? \_\_\_\_\_ Duration of assistance? \_\_\_\_\_

**LIST YOUR PARENTS & THE PARENTS OF YOUR SPOUSE, ROOMMATE OR COHAB**

**Your Name** \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
**Father** \_\_\_\_\_ Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone Number(s) \_\_\_\_\_  
 Employer \_\_\_\_\_ Income \_\_\_\_\_  
**Mother** \_\_\_\_\_ Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone Number(s) \_\_\_\_\_  
 Employer \_\_\_\_\_ Income \_\_\_\_\_

**Spouse, Roommate or Cohab Name** \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
**Father** \_\_\_\_\_ Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone Number(s) \_\_\_\_\_  
 Employer \_\_\_\_\_ Income \_\_\_\_\_  
**Mother** \_\_\_\_\_ Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone Number(s) \_\_\_\_\_  
 Employer \_\_\_\_\_ Income \_\_\_\_\_

**SERVICE RECORD**

Name & Rank at Discharge	Branch of Service	Dates of Service	Type of Discharge	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or anyone in the household serving in the National Guard or Reserves? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_  
 List the date of last National Guard or Reserves pay \_\_\_\_\_ Amount \_\_\_\_\_

**PLEASE LIST CURRENT & LAST THREE EMPLOYERS FOR YOURSELF & ALL HOUSEHOLD MEMBERS**

Employee's Name	Employer	Weekly Wage	Last Date Paid	Dates of Employment	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MEDICAL, ACCIDENT OR INJURY INFORMATION**

Is anyone in your household unable to work? Yes \_\_\_ No \_\_\_ Name(s) \_\_\_\_\_  
 Check Reason: Non Work-Related Accident \_\_\_ Non Work-Related Illness \_\_\_ Work-Related Accident \_\_\_ Work-Related Illness \_\_\_  
 Date of Injury, Accident or Illness \_\_\_\_\_ Date Workers Comp Claim Filed \_\_\_\_\_  
 Name & Address of Employer \_\_\_\_\_ Phone number \_\_\_\_\_  
 Doctor's Name, Address, Phone Number \_\_\_\_\_ Date able to return to work \_\_\_\_\_

Name of Insurance Co. for work-related and/or non work-related accident and/or injury \_\_\_\_\_

List prescribed medications \_\_\_\_\_

Are you or any other member of the household under doctor's care? Yes \_\_\_ No \_\_\_ If yes, provide the following details:

Name \_\_\_\_\_ Doctor's Name, Address & Phone Number \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

Name \_\_\_\_\_ Doctor's Name, Address & Phone Number \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

**PROPERTY**

List all property & vehicles bought, sold or transferred within the last 3 years

Description/Address \_\_\_\_\_ Date \_\_\_\_\_ Price \_\_\_\_\_ Bought \_\_\_\_\_ Sold \_\_\_\_\_

Description/Address \_\_\_\_\_ Date \_\_\_\_\_ Price \_\_\_\_\_ Bought \_\_\_\_\_ Sold \_\_\_\_\_

Description/Address \_\_\_\_\_ Date \_\_\_\_\_ Price \_\_\_\_\_ Bought \_\_\_\_\_ Sold \_\_\_\_\_

Do you or any other household member own any real estate? Yes \_\_\_ No \_\_\_ Name of owner(s) \_\_\_\_\_

Address of property \_\_\_\_\_ Multi or single family? \_\_\_\_\_

Mortgage holder name/address/phone & fax #'s. \_\_\_\_\_

Rental income property? \_\_\_\_\_ Purchase date \_\_\_\_\_ Purchase price \_\_\_\_\_

Payment \_\_\_\_\_ Date of last payment \_\_\_\_\_ Foreclosure pending? \_\_\_\_\_

**LIST ALL VEHICLES OF ALL HOUSEHOLD MEMBERS INCLUDING BOATS, MOTORCYCLES, ATV's, ETC.**

Year	Model	Plate #	Registered To	Ownership		Date of Purchase	Purchase Price	Date of Last Payment	Amount of Payment
				Own _____	Rent _____				
_____	_____	_____	_____	Lease _____	Borrow _____	_____	_____	_____	_____
_____	_____	_____	_____	Own _____	Rent _____	_____	_____	_____	_____
_____	_____	_____	_____	Lease _____	Borrow _____	_____	_____	_____	_____

RENTAL INFORMATION: Landlord's name \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Rental amount \$ \_\_\_\_\_ Due weekly \_\_\_ Due every two weeks \_\_\_ Due monthly \_\_\_

Do you have a lease Yes \_\_\_ No \_\_\_ Are you receiving subsidized housing? Yes \_\_\_ No \_\_\_ If yes, what type? \_\_\_\_\_

How many bedrooms in your apartment? \_\_\_\_\_ Which utilities are included in your rent? \_\_\_\_\_

Date rent last paid \_\_\_\_\_ Covering time period from \_\_\_\_\_ to \_\_\_\_\_

Name & phone no. of any person(s) or agency(ies) who paid your rent: Name \_\_\_\_\_ Phone \_\_\_\_\_

Have you received an eviction notice? Yes \_\_\_ No \_\_\_ Have you been to court? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

**LIST INCOME TAX INFORMATION FOR ALL HOUSEHOLD MEMBERS**

Name	Date Filed	Where/How Filed?	Date Tax Refund Rec'd	Amount of Refund
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIST ALL ASSETS FOR YOURSELF & ALL OTHER HOUSEHOLD MEMBERS**

Do you or any other household members, including children have any bank accounts? Yes \_\_\_ No \_\_\_ If yes, provide information on all personal and/or business accounts owned singly or jointly.

Name	Name of Bank / Credit Union	Savings Acct.	Balance	Checking Acct.	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you or any other household member closed a bank or credit union account within the last 6 months? Yes \_\_\_ No \_\_\_ If so, who? \_\_\_\_\_ When? \_\_\_\_\_ What type of account? \_\_\_\_\_

Which bank? \_\_\_\_\_ Bank location \_\_\_\_\_

Do you or any other household member have or cashed in any of the following within 3 years? Yes \_\_\_ No \_\_\_ If yes, list each amount

Trust funds \_\_\_\_\_ Certificates of Deposit (cDs) \_\_\_\_\_ Mutual funds \_\_\_\_\_ Retirement account \_\_\_\_\_ Savings Bonds \_\_\_\_\_  
Stocks \_\_\_\_\_ 401 K \_\_\_\_\_ Profit Sharing \_\_\_\_\_ Annuities \_\_\_\_\_ Other (give details) \_\_\_\_\_

Have you or any household member made a loan against or received disbursements involving the above accounts within 3 years?

Yes \_\_\_ No \_\_\_ If yes, Date \_\_\_\_\_ Provide loan and/or disbursement details \_\_\_\_\_

Do you or any other household member have any insurance policies? Yes \_\_\_ No \_\_\_ If yes, provide the following details:

Name	Name of Insurance Co.	Type of Policy	Cash Value
_____	_____	_____	_____
_____	_____	_____	_____

**LIST IF YOU OR ANY OTHER HOUSEHOLD MEMBER HAVE APPLIED FOR, OR ARE CURRENTLY RECEIVING INCOME OR BENEFITS FROM THE FOLLOWING SOURCES:**

Name	Date Applied	Date Last Received	Amount
ANB (Aid to Needy Blind)	_____	_____	_____
Boarders in your household	_____	_____	_____
Cash available or set aside	_____	_____	_____
Disability -- State/APTD	_____	_____	_____
Disability -- Short Term ___ Long Term ___	_____	_____	_____
Fuel Assistance: Rent ___ Heat ___ Elect ___	_____	_____	_____
Help from friends, relatives, employers, coworkers	_____	_____	_____
Maternity Benefits	_____	_____	_____
Medicaid	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____
Retirement Pension	_____	_____	_____
Severance Pay	_____	_____	_____
SS ___ SSD ___ SSI ___	_____	_____	_____
TANF ___ Relative Payee ___	_____	_____	_____
Unemployment	_____	_____	_____
Vacation Pay ___ Earned Time ___ Sick Time ___	_____	_____	_____
Veteran's Pension	_____	_____	_____
WIC (Women, Infants & Children)	_____	_____	_____
Worker's Compensation	_____	_____	_____
Food Stamps	_____	_____	_____

**PAYEE INFORMATION**

Do you have a payee for any of your benefits? Yes \_\_\_ No \_\_\_ Which benefits? \_\_\_\_\_

Payee Name, Address & Daytime Phone Number \_\_\_\_\_

Are you a payee for anyone else? Yes \_\_\_ No \_\_\_ Benefits for which you are payee \_\_\_\_\_

His/her Name, Address & Phone Number \_\_\_\_\_

Are you compensated for your payee services? Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_ Date last received \_\_\_\_\_

Have you or any member of the household consulted with an attorney or are working with an attorney for any reason, including a possible lawsuit? Yes \_\_\_ No \_\_\_ If yes, provide details: \_\_\_\_\_

If yes, provide the Attorney's Name, Address, Phone Number \_\_\_\_\_

Are you or any member of the household expecting an inheritance, retroactive disability payment, insurance claim or any lump sum payment or settlement of any type? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Have you or any member of your household received any of the above or any type of lump sum payment in the last 3 years? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ When? \_\_\_\_\_ What type? \_\_\_\_\_ Amount \_\_\_\_\_

Provide details \_\_\_\_\_

Client Name	Agency Name/Location	Contact Person/Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHILD SUPPORT INCOME** (Request additional sheet of paper if necessary)

1. Child's Name & Address \_\_\_\_\_ DOB \_\_\_\_\_

Absent Parent's Name & Address \_\_\_\_\_ Phone No \_\_\_\_\_

Amount last received \_\_\_\_\_ Cash\_\_\_ Check\_\_\_ Money Order\_\_\_ Date last received \_\_\_\_\_ Next Due \_\_\_\_\_

Are support payments made directly to you? Yes\_\_\_ No\_\_\_ If not, through which state or agency? \_\_\_\_\_

Court ordered? Yes\_\_\_ No\_\_\_ Name & Address of Court \_\_\_\_\_
2. Child's Name & Address \_\_\_\_\_ DOB \_\_\_\_\_

Absent Parent's Name & Address \_\_\_\_\_ Phone No \_\_\_\_\_

Amount last received \_\_\_\_\_ Cash\_\_\_ Check\_\_\_ Money Order\_\_\_ Date last received \_\_\_\_\_ Next Due \_\_\_\_\_

Are support payments made directly to you? Yes\_\_\_ No\_\_\_ If not, through which state or agency? \_\_\_\_\_

Court ordered? Yes\_\_\_ No\_\_\_ Name & Address of Court \_\_\_\_\_
3. Child's Name & Address \_\_\_\_\_ DOB \_\_\_\_\_

Absent Parent's Name & Address \_\_\_\_\_ Phone No \_\_\_\_\_

Amount last received \_\_\_\_\_ Cash\_\_\_ Check\_\_\_ Money Order\_\_\_ Date last received \_\_\_\_\_ Next Due \_\_\_\_\_

Are support payments made directly to you? Yes\_\_\_ No\_\_\_ If not, through which state or agency? \_\_\_\_\_

Court ordered? Yes\_\_\_ No\_\_\_ Name & Address of Court \_\_\_\_\_

**CHILD SUPPORT PAYMENTS YOU OR SOMEONE IN HOUSEHOLD MUST MAKE** (Request additional sheet of paper if necessary)

1. Support Provider's Name \_\_\_\_\_ Child's Name & Address \_\_\_\_\_ DOB \_\_\_\_\_

Name & Phone No. of Parent/Guardian with whom child resides \_\_\_\_\_

Relation to Child \_\_\_\_\_

Name, Address, Phone No. of person receiving support payments \_\_\_\_\_

Amount Last Paid \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Cash\_\_\_ Check\_\_\_ Money Order\_\_\_

Court ordered? Yes\_\_\_ No\_\_\_ Name & Address of Court \_\_\_\_\_
2. Support Provider's Name \_\_\_\_\_ Child's Name & Address \_\_\_\_\_ DOB \_\_\_\_\_

Name & Phone No. of Parent/Guardian with whom child resides \_\_\_\_\_

Relation to Child \_\_\_\_\_

Name, Address, Phone No. of person receiving support payments \_\_\_\_\_

Amount Last Paid \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Cash\_\_\_ Check\_\_\_ Money Order\_\_\_

Court ordered? Yes\_\_\_ No\_\_\_ Name & Address of Court \_\_\_\_\_
3. Support Provider's Name \_\_\_\_\_ Child's Name & Address \_\_\_\_\_ DOB \_\_\_\_\_

Name & Phone No. of Parent/Guardian with whom child resides \_\_\_\_\_

Relation to Child \_\_\_\_\_

Name, Address, Phone No. of person receiving support payments \_\_\_\_\_

Amount Last Paid \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Cash\_\_\_ Check\_\_\_ Money Order\_\_\_

Court ordered? Yes\_\_\_ No\_\_\_ Name & Address of Court \_\_\_\_\_

**LIST ALL HOUSEHOLD EXPENSES, DATE LAST PAID & THE AMOUNT DUE** (Provide complete information)

<u>Basic Expenses</u>	<u>Amount</u>	<u>Frequency</u>	<u>Date Last Paid</u>	<u>Name on Bill</u>	<u>Amount Due</u>
Rent/Mortgage	_____	Wk___ Mo___	_____	_____	_____
Food	_____	Wk___ Mo___	_____	_____	_____
Diapers	_____	Wk___ Mo___	_____	_____	_____
Gasoline for vehicles(s)	_____	Wk___ Mo___	_____	_____	_____
Household Supplies	_____	Wk___ Mo___	_____	_____	_____
Gas	_____	Wk___ Mo___	_____	_____	_____
Electric	_____	Wk___ Mo___	_____	_____	_____
Oil	_____	Wk___ Mo___	_____	_____	_____
Prescriptions	_____	Wk___ Mo___	_____	_____	_____
<b>OTHER EXPENSES</b>					
Cable	_____	Wk___ Mo___	_____	_____	_____
Car Payments	_____	Wk___ Mo___	_____	_____	_____
Court Fees, Fines, etc.	_____	Wk___ Mo___	_____	_____	_____
Credit Cards	_____	Wk___ Mo___	_____	_____	_____
Personal Loans	_____	Wk___ Mo___	_____	_____	_____
Rent to Own Items	_____	Wk___ Mo___	_____	_____	_____
Telephone	_____	Wk___ Mo___	_____	_____	_____
Cell Phone	_____	Wk___ Mo___	_____	_____	_____
Internet Connection	_____	Wk___ Mo___	_____	_____	_____
Other	_____	Wk___ Mo___	_____	_____	_____

**ASSISTANCE REQUESTED** (Be specific) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR REQUEST** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you or any other members of your household ever been convicted of a felony? Yes\_\_\_ No\_\_\_ If yes, who? \_\_\_\_\_  
 When? \_\_\_\_\_ Which city/town & state? \_\_\_\_\_  
 Provide details \_\_\_\_\_

Are you or any other members of your household presently on parole or probation? Yes\_\_\_ No\_\_\_ If yes, who? \_\_\_\_\_  
 Which city/town & state? \_\_\_\_\_ Name of Parole/Probation Officer? \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Provide details \_\_\_\_\_



**Cases will be held open for 6 month after last contact.**

The Town of Farmington Welfare Office will be hold cases open for 6 months from the date of last in-person contact with this office. Returning clients must continue to comply with all the 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 the 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 in the future.

**RSA 641:3**

The Town of Farmington Welfare Office 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:

- A. S/He makes a written false statement which he 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
- B. With a purpose to deceive a public servant in the performance of his official function s/he:
  - 1. Makes any written false statement which s/he does not believe to be true; or
  - 2. Knowingly creates a false impression in a written application for pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading.
  - 3. Submits or invites reliance on any writing which s/he know to be lacking in authenticity; or
  - 4. Submits or invites reliance on any sample, specimen, map, boundary mark, or their object which s/he know to be false.
- C. No person shall be guilty under this section if s/he retracts 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.

<b>Applicant's Signature</b>	<b>Date</b>	<b>Co-applicant's Signature</b>	<b>Date</b>
<b>Spouse's Signature</b>	<b>Date</b>	<b>Co-applicant's Signature</b>	<b>Date</b>

**Applicant(s)/client(s) DO NOT sign the following until the conclusion of the intake interview.**

I 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 have provided has been truthful and without omission to the best of knowledge.

<b>Applicant's Signature</b>	<b>Date</b>	<b>Co-applicant's Signature</b>	<b>Date</b>
<b>Spouse's Signature</b>	<b>Date</b>	<b>Co-applicant's Signature</b>	<b>Date</b>

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

<b>Welfare Officer Signature</b>	<b>Date</b>	<b>Witness Signature</b>	<b>Date</b>
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## Rental/Residency Verification

**This form *must* be completed by the **landlord/agent** or owner only  
(Please complete the entire form and provide a copy of lease/rental agreement)**

Tenant's Name(s): _____		Date: _____	
Address: _____			
(Number/Street)		(Apt.#)	
(City)		(State)	
Number of Household Members: _____		Names of Household Members: _____	
Is this tenant related to Landlord/Owner? _____ If so, how? _____			
Occupancy date: _____		Lease exp. date: _____	
Security Deposit: \$ _____		Date paid: _____	
Is this a Winter Rental? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Tenant is expected to vacate _____			
Rent Amount: \$ _____		: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other _____	
Last paid: _____		Back rent owed: \$ _____	
<b>(please attach rent record)</b>			
If subsidized rent, please list tenant portion: \$ _____		If roommate situation, please list tenant portion: \$ _____	
Please check the appropriate items for the residence:			
Apt. <input type="checkbox"/> Single family residence: <input type="checkbox"/> Other _____; Furnished <input type="checkbox"/> Unfurnished <input type="checkbox"/> ; # Rooms: _____ # Bedrooms: _____			
Utilities: Type of Heat: _____			
Indicated which utilities are included in the rent, check to indicate inclusion:			
All utilities <input type="checkbox"/> Water <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Gas <input type="checkbox"/> Cable <input type="checkbox"/> Phone <input type="checkbox"/>			
Do you have a year round Certificate of Occupancy for this residence? Yes <input type="checkbox"/> No <input type="checkbox"/> CO Number: _____			

Landlord/Owner's Name: \_\_\_\_\_ Agent/Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**For IRS reporting, Landlord/Owner must have a W-9 for the current year on file with the Finance Office.  
If you need this form, please call the Welfare Office at 755-3100 & one will be mailed/faxed to you.**

Comments or Special Conditions: \_\_\_\_\_

\_\_\_\_\_


SIGNATURE: LANDLORD/OWNER/AGENT


DATE

## Client Rights & Basic Responsibilities

- signed at the conclusion of assistance-awarded interview -

- This is a one-time emergency assistance. Further Assistance will be determined at your next appointment.
- You have seven (7) days to comply with all of the requirements on this Notice of Decision. Failure to do so without verifiable good cause may result in seven (7) or fourteen (14) day suspension of assistance.
- You are required to report & provide proof of all household income & financial resources at each appointment. You must provide dated receipts for all household expenses including a history (printout) of all monetary account activity (checking, savings, etc.) from today forward.

 Proof of all household income and financial assistance must be provided to this office and **MUST BE USED FOR BASIC NEEDS ONLY**. Basic needs are: rent, food (minus the Food Stamp allotment), cleaning & personal hygiene items, utilities, prescriptions, diapers, and gas for a vehicle (when vehicle is used for medical & work purposes only). Documented childcare costs & court ordered child support payments may be considered. Any income or financial resources used for basic needs must be accounted for with legitimate, dated receipts & provided at each appointment.

 Non-basic needs include: credit card payments, rent-to-own items, telephone, cable service, Internet service, repayment of personal loans, payment of traffic citations, bail, court fines, & court ordered restitution. The cited examples are not all inclusive of non-basic needs. Any income or financial resources used for non-basic needs and/or unaccounted for will be considered available to pay your basic needs when determining eligibility.

- You have the right to request a Fair Hearing based on the receipt of an Adverse Action on a Notice of Decision. A request for a Fair Hearing must be received, in writing, within five (5) days starting with the date of the Notice of Decision at issue. You have the right to request that assistance be continued until the Fair Hearing is heard.
- Your case will remain open for six (6) months from the day you last have in-person contact with this office. Should you need to return to this office during that time period you will need to provide this office with proof of all income & receipts to account for all expenses from this day forward. You must use all money for basic needs only as described above. Failure to do so will likely result in your being determined ineligible for assistance.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

**Town of Farmington**  
Department of Human Services  
Municipal Offices Building  
356 Main Street  
Farmington, NH 03835  
(603) 755-3100

**General Assistance Lien**

KNOW ALL MEN BY THESE PRESENTS that we/I, in consideration of the sum of \_\_\_\_\_ (\$ \_\_\_\_\_), received for my/our benefit by the Farmington Department of Human Services in the form of General Assistance, hereby grant to the Town of Farmington a lien on my/our property located at \_\_\_\_\_, and recorded in the Strafford County Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_ for the amount as set forth hereafter, said lien to be paid from the proceeds of any sale in the event that We (I) sell or otherwise convey said property or any part thereof, within five years of the date of this instrument.

The obligations of this lien shall run with the land to any subsequent purchaser if the lien is not paid at the time of sale. If it is necessary to take legal action to enforce this lien in addition to the amount of said lien plus interest thereon from the date of sale at the rate applicable to judgment liens, the Town of Farmington shall recover attorneys' fees incurred plus other costs and expenses of collection.

In the event that the property hereinbefore described is sold or conveyed the Town of Farmington shall have a lien in the amount and sum of \_\_\_\_\_ \$ \_\_\_\_\_, in accordance with the attached promissory note in same amount.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Witness



A Bicentennial Community  
1798 - 1998

# Town of Farmington Welfare Office

356 Main Street  
Farmington, NH 03835  
Phone: (603) 755-3100 • Fax: (603) 755-9934

## PROMISSORY NOTE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

I promise to re-pay to the Town of Farmington the amount borrowed of \$ \_\_\_\_\_ in equal successive weekly  monthly  payments of \$ \_\_\_\_\_ beginning on \_\_\_\_\_ (date), and successive monthly/weekly payments on the \_\_\_\_\_ day of each and every month or on \_\_\_\_\_ (day) of each week thereafter until paid, except the final payment which shall be the balance due on this note.

This note shall be, at the option of any holder thereof, immediately due and payable in full upon the occurrence of any of the following:

- (1) Failure to make any payment due hereunder on its due date
- (2) Filing of the undersigned of an assignment for the benefit of creditors, bankruptcy or other form of insolvency, or by suffering an involuntary petition in bankruptcy or receivership not vacated within thirty (30) days;
- (3) Upon the death or incapacity of the undersigned.

If this note is placed in the hands of an attorney for collection, I promise and agree to pay the reasonable attorneys' fees and collection costs of the holder of this note.

This note shall take effect as a sealed instrument and shall be construed, governed and enforced in accordance with the laws of the State of New Hampshire.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date