

Town of Lincoln, NH
Application for Aid and Financial Affidavit

Date: _____ Soc. Sec. No.: _____

Name: _____ Tel. No.: _____

Address: _____ P.O. Box: _____

City, State, ZIP: _____

What needs are you requesting assistance with? (What type, how much is due/requested?)

Age: _____ Birth Date: _____ Birth Place: _____

Marital Status: _____ Date of marriage/divorce: _____

Spouse's Name: _____ Soc. Sec. No.: _____

Spouse's Address: _____

Number in Household _____ List all persons living w/ you (Roommates, children, etc.)
Name Relationship Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own or rent? (Circle one)

If you rent:

Amount of Rent: _____ per week/month Date due: _____

Date Last Paid: _____ Utilities included? None ____ Heat ____ Elec. ____ Water ____
Other: _____

Landlord's name: _____

Landlord's Address: _____ Phone: _____

If you own:

Amount of mortgage: _____ per month Date next due: _____

Date last paid: _____ List payments included in mortgage:

Insurance: _____, taxes _____, other _____

Name of bank/mortgage company: _____

Address: _____

List all your addresses for past two years (street, town, state, zip)

Education

Last school grade completed: Applicant: _____ Spouse/co-applicant: _____

GED Obtained: Applicant: _____ Spouse/co-applicant: _____

Post high school courses/degrees or special training/job skills:

Applicant: _____

Spouse/co-applicant: _____

Work Record of Applicant

Unemployed now? : _____ If so, why? : _____

Date last worked: _____ Where: _____

Amount and Date of last paycheck: _____

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

Work History of Applicant: For the last 5 years,
list all employers, dates of employment, position held and reason for leaving.

Work record of spouse/co-applicant/other household adults:

Employed now: _____ Where: _____

Position: _____ When start: _____

Unemployed now? : _____ If so, why? : _____

Date last worked: _____ Where: _____

Amount and Date of last paycheck: _____

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

Do you or any member of your household have income from any of the following
sources?

	Yes	No	Amount	Per
AFDC, APTD, OAA	_____	_____	_____/	_____
Worker's Compensation	_____	_____	_____/	_____
SSI	_____	_____	_____/	_____
Social Security	_____	_____	_____/	_____
Pension	_____	_____	_____/	_____
Annuity or Trust Fund	_____	_____	_____/	_____
Income from relatives, roommates, boarders	_____	_____	_____/	_____
Unemployment Compensation	_____	_____	_____/	_____
Child Support	_____	_____	_____/	_____
Food Stamps	_____	_____	_____/	_____
Other (Source) _____	_____	_____	_____/	_____

Have you ever received any kind of public assistance? When? _____

Source: _____

Do you or anyone in your household have any of the following resources?

Savings Account (bank/amount): _____

Checking Account (bank/amount): _____

Cash on Hand (amount): _____

Stocks/bonds/securities: _____

Real Estate (other than listed on top of page 2): _____

Motor Vehicle(s) (year, make, model and payments on each): _____

Other Assets: _____

Do you expect to receive a tax refund or any type of settlement? _____

Household expenses:

Rent/Board/Mortgage: _____ per month/week Due Date: _____

Food (weekly cost): _____

Heat: _____ per month/week

Electric: _____ per month Due Date: _____

Telephone: _____ per month Due Date: _____

Cell Phone: _____ per month Due Date: _____

Water/sewer: _____ Due Date: _____

Cooking Fuel: _____ Due Date: _____

Medical: _____

Maintenance: _____ per month/week

Transportation: _____

Other: _____

In accordance with RSA 165:19, (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...) please provide the following:

Applicant's father: _____ Address: _____

Employer: _____ Does he own real estate? _____

Applicant's mother: _____ Address: _____

Employer: _____ Does she own real estate? _____

Spouse/co-applicant's father: _____ Address: _____

Employer: _____ Does he own real estate? _____

Spouse/co-applicant's mother: _____ Address: _____

Employer: _____ Does she own real estate? _____

Any other relation that can assist? _____

Certification

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge and belief, and provides an accurate summary of my situation, assets, and needs. All information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief.

I understand I may have to provide documents and/or other forms of verification to prove the information asked on the application.

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 a crime.

Signature of Applicant

Spouse/Co-applicant

Signature of person completing form
(if not applicant)

Date

Reimbursement Agreement

I acknowledge that I may be required to repay any assistance provided if I am returned to an income status which enables me to reimburse the town/city without financial hardship.

Signature of Applicant

Spouse/Co-applicant

I agree that if I have a lawsuit, worker's compensation claim, or aid from any other social services agency now pending disposition, I will list the name, address, and phone number of my attorney, insurance company, or any other agency which may be handling this claim on my behalf. I further agree to notify the Welfare Official immediately upon receipt of any money from such claim or upon the settlement of such claim.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Signature of Applicant

Spouse/Co-applicant

Date: _____

Date: _____

Information Release

I understand that as part of the administration of this program, the Town/City may verify information I have provided on the application and any other information that would affect my eligibility. My signature below authorizes the Town/City to obtain verification from any person or organization having information concerning my circumstances, including any relative, physician, lawyer, banker, employer, or insurance company, and authorizes release of such information to the town/City. A photocopy of this signed release may be used in place of an original.

Signature of Applicant

Spouse/Co-applicant

Date: _____

**Town of Lincoln
Eligibility Requirements
Financial Assistance**

Determination of Eligibility and Amount

A. Eligibility Formula

A person is eligible to receive assistance when 1) he/she meets the non-financial eligibility factors listed in the Town's guidelines, and 2) when the applicant's basic maintenance need, as determined below, exceeds his/her available income plus available liquid assets. If available income and available liquid assets exceed the basic maintenance need (as determined by the guideline amounts,) the person is not eligible for general assistance. If the need exceeds the available income/assets, the amount of assistance shall be the difference between the two amounts, in the absence of circumstance justifying an exception.

BUDGET WORKSHEET

NAME _____ DATE: _____

A. Available income:

	\$ _____ mo/wk
	_____ mo/wk
	_____ mo/wk
TOTAL AVAILABLE INCOME	\$ _____

B. Expenses:

	<u>ACTUAL</u>	<u>ALLOWED</u>
Rent/Board/Mortgage	_____ mo/wk	\$600 (2) mo \$800(3+) mo
Electric	_____ mo/wk	\$200 mo
Heat	_____ mo/wk	\$250 mo
Water/Sewer	_____ mo/wk	n/a
Cooking fuel	_____ mo/wk	\$100 mo
Telephone	_____ mo/wk	n/a mo
Maintenance	_____ mo/wk	n/a mo
Transportation	_____ mo/wk	_____ mo
Other _____	_____ mo/wk	_____ mo
Other _____	_____ mo/wk	_____ mo
Other _____	_____ mo/wk	_____ mo
TOTAL EXPENSES	_____ mo/wk	_____ mo

C. <u>Assets:</u>	Value/Balance:
Auto(s)_____	_____
Bank Cking A/C _____	_____
Bank Savings A/C _____	_____
Other Assets _____	_____

D. Eligibility:

A. Total Available Income \$ _____

B. Total Allowable Expense*** \$ _____

If A is greater than B, applicant is ineligible

If A is less than B, applicant is eligible

***Not to include: Telephone, Cable TV, Legal or Moving Expenses,
Car payments (except when medical emergency exists)
Insurance, Past Due Bills

AMOUNT REQUESTED:

PURPOSE:



TOWN OF LINCOLN

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Lincoln, New Hampshire 03251

Phone: (603)745-2757

Fax: (603)745-6743

Website: www.LincolnNH.org

Email: TownHall@LincolnNH.org

NOTICE FROM THE TOWN OF LINCOLN **TO APPLICANTS FOR FINANCIAL ASSISTANCE**

You have the following rights:

1. You have a right to make a WRITTEN APPLICATION for assistance, even if the Welfare Officer states you are not eligible.
2. You have a right to receive a PROMPT WRITTEN DECISION TELLING YOU whether you will receive assistance each time you apply.
3. If denied, you have a right to have IN WRITING the REASON WHY you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to APPEAL any decision you do not agree with. You must appeal within 5 working days after you received your decision.
5. You have a right to have a HEARING to present your case.
6. You have a right to have your assistance CONTINUED if you are receiving assistance and you request a fair hearing.
7. You have a right to REVIEW the information in your file before your hearing.
8. You have a right to see the GUIDELINES used by the Welfare Officer in making decisions on your application.
9. You have a right to be given WRITTEN NOTICE OF CONDITIONS before you are suspended from receiving assistance for failing to obey the GUIDELINES
10. You have a right to refuse to work for the town or to find a job IF you care for a child under the age of 5 or you are disabled or ill or you must take care of a member of your family who is disabled or ill.

Received _____
(date)

By _____
(Applicant)