

Town of Tamworth, NH  
APPLICATION FOR ASSISTANCE

## General Information

The Town of Tamworth provides assistance to residents who are in need of financial help for housing, utilities and other basic needs.

Contact the Welfare Administrator, Paul Priestman at 603-323-7525 x14 or [generalassistance@tamworthnh.org](mailto:generalassistance@tamworthnh.org) for assistance accessing aid.

An application for assistance is required for aid. Additionally, you will meet with the Welfare Administrator to discuss your needs and help that is available.

Town welfare payments are made directly to vendors such as your landlord, a local service provider, or utility.

### Resources:

#### General Assistance:

*Tri County CAP.* Income based assistance for heating fuel (including wood), utilities, and rent.

603-323-7400 or [www.tccap.org](http://www.tccap.org)

*NH Department of Health and Human Services.* Food aid, medical care coverage, and other services and supports. 800-ASK-DHHS or [nheasy.nh.gov](http://nheasy.nh.gov)

#### Food Pantries:

*St. Andrews Food Pantry* - 678 Whittier Road, Tamworth.

*Lakes Region Food Pantry* - 977 Whittier Highway, Moultonborough.

*Agape Food Pantry* - 80 Bean Road, Moultonborough/Center Harbor.

#### Utility Vendor Assistance:

Both *NH Electric Cooperative* and *Eversource* assist their customers with payment plans.

#### Mortgage Assistance:

*NH Homeowner Assistance Fund* for those who have been financially impacted during the pandemic. <https://www.nhhfa.org/haf/>

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APPLICATION FOR ASSISTANCE

Date of Application \_\_\_\_\_

**1. Liability for Support Information**

The Town provides assistance with taxpayer dollars. We are here to assist but only as a stop-gap measure, and only if funds are not available from family members.

**2. General Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Rent or Own? \_\_\_\_\_ How long at this address? \_\_\_\_\_

Spouse/Co-Applicant Name \_\_\_\_\_

Spouse address (if not same as applicant)

\_\_\_\_\_

**Assistance Requested** \_\_\_\_\_

Reason for request:

\_\_\_\_\_

\_\_\_\_\_

If applying for electric or heating fuel assistance, please list account and vendor information:

Vendor: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name account is in: \_\_\_\_\_

**List below all persons living in your household:**

Full Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for assistance from any other entity?

\_\_\_\_\_ Tri County CAP Assistance awarded: \$ \_\_\_\_\_

\_\_\_\_\_ Tamworth UUSEF Church – Discretionary Fund

\_\_\_\_\_ Other List: \_\_\_\_\_

**3. Housing Information:**

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

Total rent owed \_\_\_\_\_ Do you have a housing subsidy? \_\_\_\_\_

Utilities Included:  Heat  Electric  Gas  Water/Sewer  Other

LANDLORD: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF HOME-OWNER: Mortgage Amount \_\_\_\_\_ Date last paid \_\_\_\_\_ Owed \_\_\_\_\_

Bank/Mortgage Co \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

**4. Education / Training**

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

**5. Applicant Work History:**

Are you employed now? \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_

Hours per week: \_\_\_\_\_ Date/Amount of most recent check \_\_\_\_\_

Are you unemployed now? \_\_\_\_\_ Reason \_\_\_\_\_

Date last worked \_\_\_\_\_ Employer \_\_\_\_\_

Are you able to work now? \_\_\_\_\_ If not able, why not? \_\_\_\_\_

Other jobs held by household members and weekly pay:

- 1.
- 2.
- 3.

**6. Household Assets:**

**Provide information regarding 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 any assets held by you and all household members:**

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

**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>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**7. Other Household Income**

**Indicate any benefits or income received or applied for by you or any household member:**

	<u>Name</u>	<u>Date Last Received</u>	<u>Monthly Amount</u>
Child Support	_____	_____	_____
Disability (Employer)	_____	_____	_____
Food Stamps	_____	_____	_____
Gifts/Loans	_____	_____	_____
Medicaid	_____	_____	_____
Severance Pay	_____	_____	_____
Social Security	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____
Unemployment	_____	_____	_____
Veteran's Pension	_____	_____	_____
Worker's Compensation	_____	_____	_____

**8. Household Expenses**

List actual or estimated regular monthly expenses. (Not all expenses will be allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Rent/Mortgage: \_\_\_\_\_ Electric: \_\_\_\_\_  
Car Payment: \_\_\_\_\_ Heating Fuel: \_\_\_\_\_  
Gas: \_\_\_\_\_ Cable/Internet: \_\_\_\_\_  
Food: \_\_\_\_\_ Credit Card: \_\_\_\_\_  
Insurances: \_\_\_\_\_  
Child care expenses: \_\_\_\_\_

**9. Certifications and Signatures**

I understand that I may be required to **repay any assistance provided** if I am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20-b).

I understand that if I am assisted the **municipality may place a lien against any real property which I own.** (RSA 165:28)

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 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