TOWN OF TAMWORTH, NEW HAMPSHIRE

WELFARE APPLICATION

ADOPTED DECEMBER 21, 2006
Updated September 2014

IMPORTANT

*** Please provide a mailing and physical address on this application. All related documents requested on page 12 of this application must be submitted in order for your application to be considered complete. ***
FORM A

APPLICATION FOR ASSISTANCE
Town of Tamworth

Date of Application ____________________________ Referred by ________________________________

1. **General Information:**
   Name _______________________________ Date of Birth __________________________
   Physical Address ____________________________
   Mailing Address ____________________________
   Telephone ____________________________ Social Security number ____________________________ US Citizen? _____
   Marital Status _______________ Rent or Own? _______________ How long at this address? ____________________________
   Spouse/Co-Applicant Name ____________________________ SS# ____________________________
   Spouse address (if not same as applicant) ____________________________

   **Assistance Requested** ____________________________
   Reason for request ____________________________
   Have you applied for local assistance before? _______________ When? ____________________________
   Where? ____________________________ Under what name? ____________________________

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

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<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Social Security #</th>
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   **If at your current address less than 12 months, please list past 12 month’s addresses:**

<table>
<thead>
<tr>
<th>Street</th>
<th>Town/City</th>
<th>State</th>
<th>Dates of Residence</th>
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Town of Tamworth – Welfare Application  
2
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

IF HOME-OWNER: Mortgage Amount Date last paid Owed

Bank/Mortgage Co Address

3. **Education / Training / Employment**

Highest Grade G.E.D. or Special Training or Skills Military

Applied: Attended Diploma Service

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?

**Current and two most recent jobs of yourself and all household members aged 18 & older:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Pay</th>
<th>Weekly/Biweekly</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
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</table>

*Town of Tamworth – Welfare Application*
4. **Household Assets:**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Bank/Credit Union</th>
<th>Savings Acct. #</th>
<th>Savings Balance</th>
<th>Checking Acct. #</th>
<th>Checking Balance</th>
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</table>

Provide current value of any 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 __________
- 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 _______________________________________________________

**Motor vehicles owned by you and all household members:**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Auto Make</th>
<th>Model</th>
<th>Year</th>
<th>Value</th>
<th>Payments</th>
<th>Insurance</th>
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*Town of Tamworth – Welfare Application*
5. **Household Income**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Applied</th>
<th>Date Last Received</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANB (Aid to the Needy Blind)</td>
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<td>APTD</td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Disability (Employer)</td>
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<tr>
<td>Food Stamps</td>
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<td>Fuel Assistance</td>
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<tr>
<td>Gifts/Loans</td>
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<td>Maternity Benefits</td>
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<tr>
<td>Medicaid</td>
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<td>OAA (Old Age Assistance)</td>
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<td>Retirement</td>
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<td>Severance Pay</td>
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<tr>
<td>Social Security</td>
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<tr>
<td>SSDI (SS Disability)</td>
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<tr>
<td>SSI (Supplemental Security)</td>
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<tr>
<td>TANF</td>
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<tr>
<td>Unemployment</td>
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<tr>
<td>Vacation Pay</td>
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<tr>
<td>Veteran’s Pension</td>
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<tr>
<td>Vocational Rehabilitation</td>
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<tr>
<td>WIC (Women/Infants/Children)</td>
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<tr>
<td>Worker’s Compensation</td>
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<tr>
<td>Other: [</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency Name</th>
<th>Contact Person</th>
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<tbody>
<tr>
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*Town of Tamworth – Welfare Application*
6. **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.)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Expense</th>
<th>Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Fees</td>
<td>Diapers</td>
<td>Mortgage</td>
</tr>
<tr>
<td>Bus/Cab</td>
<td>Electric</td>
<td>Prescriptions</td>
</tr>
<tr>
<td>Cable/Internet</td>
<td>Food</td>
<td>Rent</td>
</tr>
<tr>
<td>Child Support Paid</td>
<td>Fuel Oil</td>
<td>Rent-To-Own</td>
</tr>
<tr>
<td>Car Gasoline</td>
<td>Gas, Bottled</td>
<td>School Loan</td>
</tr>
<tr>
<td>Car Insurance</td>
<td>Gas, Natural</td>
<td>Storage</td>
</tr>
<tr>
<td>Car Payment</td>
<td>Health Insurance</td>
<td>Telephone</td>
</tr>
<tr>
<td>Condo Fee</td>
<td>Laundry</td>
<td>Other</td>
</tr>
<tr>
<td>Child Care</td>
<td>Loan</td>
<td>Other</td>
</tr>
<tr>
<td>Credit Card</td>
<td>Lot Rent</td>
<td>Other</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Expense</th>
<th>Expense</th>
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</thead>
<tbody>
<tr>
<td>Car Inspection</td>
<td>Drivers License</td>
<td>Medical</td>
</tr>
<tr>
<td>Car registration</td>
<td>Fines/Court Payments</td>
<td>Sewer/Water</td>
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<tr>
<td>Car repair</td>
<td>Home Repairs</td>
<td>Tax (Income/Property)</td>
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<tr>
<td>Dental</td>
<td>Home/Rent Insurance</td>
<td>Other</td>
</tr>
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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**

Please provide following details:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Address</th>
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<tbody>
<tr>
<td>Your father</td>
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<tr>
<td>Your mother</td>
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<tr>
<td>Co-applicant father</td>
<td></td>
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<tr>
<td>Co-applicant mother</td>
<td></td>
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<tr>
<td>Your or co-applicant’s adult children</td>
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</table>
9. Certifications and Signatures

I understand that if I receive assistance from the Town of Tamworth 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 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 Town of Tamworth 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 Town of Tamworth 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 165-28-a)

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 Town of Tamworth, and I later quit the job without good cause, I may be ineligible for local assistance from the Town of Tamworth and any other New Hampshire municipality for a period of up to ninety days. (RSA 165:1-d)

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 Town of Tamworth may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date

Town of Tamworth – Welfare Application
Authorization to Release Information

I hereby authorize and request:

Name and Address of Individual or Agency Providing the Information:

NH DHHS - All Programs and Divisions

to provide the following information:

case detailed information

to:

Name and Address of Individual or Agency Receiving the Information:

Christine Clyne
Welfare Director
Town of Tamworth
84 Main St
Tamworth, NH 03886

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 12-months from the date this form is signed.

Information released cannot be re-released by the receiving individual/agency without additional authorization.

______________________________  __________________________
(Signature)                      (Date)

______________________________
(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

______________________________  __________________________
(relationship)                   (Witness)

______________________________  __________________________
(Witness)                        (Date)
FORM C

NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE TOWN OF TAMWORTH

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.

2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.

3. 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 five (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 already receiving assistance when 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 a 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 participate in municipal workfare program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.
FORM D

APPLICANT’S AUTHORIZATION TO FURNISH INFORMATION

I/We, ____________________________, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Town of Tamworth Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran’s Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Tamworth Welfare Department.

_________________________________________  ___________________________
Applicant Signature  Date

_________________________________________  ___________________________
Spouse or Co-applicant Signature  Date

Signature of person completing form (if not applicant); Relationship to applicant

_________________________________________
Date
APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes the Town of Tamworth welfare official, to obtain information from __________________________ regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

________________________________________  ______________________
Applicant                                  Date

________________________________________
Welfare Official
FORM F
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
___ Most recent Federal Tax Return filed by all household members including all w-2’s, 1099’s and
   Schedule C or any other documentation filed with return.
___ 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 ___________________________

Town of Tamworth – Welfare Application
FORM G

INTAKE FORM
(to be completed at the time of each request for assistance)

DATE: _______________

NAME: ____________________________________________

                        Last  First  Middle  Maiden

ADDRESS: ____________________________

                        Street / # / Apartment  Town

HOW LONG AT THIS ADDRESS? ____________________________ TELEPHONE: ____________________________

WHAT TYPE OF ASSISTANCE ARE YOU requesting AT THIS TIME? ____________________________

______________________________________________

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS:

______________________________________________

______________________________________________

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD’S EARNED AND UNEARNED INCOME. THIS INCLUDES CASH, SAVINGS AND CHECKING ACCOUNTS:

______________________________________________

______________________________________________

______________________________________________

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST VISIT.

______________________________________________

______________________________________________

______________________________________________

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

Town of Tamworth – Welfare Application

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FORM H

TAMWORTH WELFARE DEPARTMENT
MEDICAL RELEASE AND REPORT

APPLICANT NAME/SS#: __________________________ dob: ________________

I hereby request the release by a doctor, hospital or clinic to the Tamworth Welfare Department, or its authorized representative, any information regarding my medical diagnosis, medical history, treatment plan or hospitalization. A photocopy of this signed release may be used in place of an original, in effect for six months from date of my signature below:

__________________________________________ __________________________
APPLICANT SIGNATURE DATE

TO THE PHYSICIAN OR CLINIC:

The person named above has indicated that he/she is currently unable to work and is in treatment with you. New Hampshire General Assistance laws require able-bodied welfare applicants to seek and retain work as a condition of continued assistance, with the goal of minimizing the period of assistance necessary. The Town of Tamworth also may require welfare recipients to work in any capacity that the recipient is able in exchange for assistance. For these reasons, will you please briefly respond to these questions:

What is the condition(s) for which you are treating this person? ___________________________________________________________

What is the nature and extent of this individual’s limitations? ___________________________________________________________

Is this person disabled?  No ☐  Yes ☐ (If yes, please clarify below)
☐ Temporarily  ☐ Permanently  ☐ Partially  ☐ Totally

Date incapacity began: ___________________________ Expected to end: ___________________________

When will this individual be capable of returning to work? What type of work would be suitable for this individual? Please describe any limitations: ___________________________________________________________

__________________________________________________________
Medications Prescribed:

__________________________________________________________

Physician Name / Signature Date

Thank you for taking the time to complete this form.
Town of Tamworth – Welfare Application
FORM I

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 __________________

Town of Tamworth – Welfare Application

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FORM J

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)

_________________________________________ Telephone / Fax Numbers

_________________________________________

Landlord’s Name

_________________________________________

Landlord Address

_________________________________________

Name of Manager or other Representative

_________________________________________

Landlord Signature Date

Town of Tamworth – Welfare Application

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FORM K

BUDGET WORKSHEET

Name ________________________________ Date ____________________

A. Available assets and income:

____________________________________

____________________________________

____________________________________

____________________________________

A. Total available income: _______________________

B. Allowable Expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Actual Expenses</th>
<th>Allowed Expenses</th>
<th>Ineligible Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Board/Mortgage</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Fuel Oil</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Water/sewer</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Cooking fuel</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Personal &amp; Household</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Medical/Prescription</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Childcare/Daycare</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Car payment</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Gasoline</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>mo/wk</td>
<td>mo/wk</td>
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<tr>
<td>Other</td>
<td>mo/wk</td>
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</tr>
<tr>
<td>Other</td>
<td>mo/wk</td>
<td>mo/wk</td>
<td></td>
</tr>
</tbody>
</table>

B. Total Allowed Expenses: _______________________

C. Eligibility: [A. Income (-) B. Expenses]:
(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)

Assistance will be provided as follows:

$ ____________________

$ ____________________

$ ____________________

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.

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