

APPLICANTS:

1. MAIL APPLICATION AT POST OFFICE TO THE TOWN OFFICE IN THE ATTACHED PREPAID ENVELOPE
2. CALL *738-0107* AFTER YOU HAVE MAILED YOUR APPLICATION TO SET UP AN APPOINTMENT -- SAVE THIS PAGE SO YOU HAVE THE NUMBER
3. IF YOU ARE UNABLE TO GET THE APPLICATION TO THE POST OFFICE CALL *738-0107*
4. IN A EMERGENCY CALL 211

THANK YOU.

TOWN OF GOSHEN ASSISTANCE

TOWN OF GOSHEN, NEW HAMPSHIRE
WELFARE OFFICE
GENERAL ASSISTANCE PROGRAM NOTICE

The Town of Goshen provides financial and resource assistance for eligible applicants who are struggling to meet their basic needs and who are facing a threat to their health or safety as a result.

These are some examples of situations in which you may be eligible for assistance:

- You are at risk of losing or have lost your residence
- You are at risk of losing or have lost necessary utilities
- You don't have enough food
- You don't have enough fuel to heat your home or cook food
- You don't have income due to being unemployed or disabled

You have the right to apply for General Assistance at any time for any reason. Eligibility for Assistance is determined according to whether or not your allowed expenses exceed your income. You must provide specific information and documentation in order to have your application evaluated for eligibility. If you fail to comply with specified conditions, you may be found ineligible for assistance. Therefore please read the application carefully. Complete it as best you can and ask questions if you have difficulty understanding any part of the application.

Applications for assistance can be obtained at the Selectmen's Office in Goshen,

NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE MUNICIPALITY OF GOSHEN, NH

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 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.

I/we have read and understand the rights set forth in this notice. I/we have been given a copy of this notice.

Applicant's signature

Date

Co-applicant's signature

Date

Welfare Officials signature

Date

TOWN OF GOSHEN, NH • DEPARMENT OF WELFARE

TOWN ASSISTANCE INSTRUCTION SHEET

- ☐ **Read.** Read these instructions and the application carefully. Answer all questions.
 - ☐ **Application.** Fill out application completely. If information does not apply to your situation, indicate this by writing "N/A" in the appropriate spaces on the application form.
 - ☐ **Document emergency.** Town Assistance is an emergency assistance program and you must document the emergency you are facing. For example, you must provide a shut-off notice (for electricity), a foreclosure notice, notice to quit, or demand for rent (for rental or mortgage assistance) to qualify for assistance under this program. Some emergency situations are difficult to document (such as the need for food, a family or individual facing homelessness, or fuel for heat) and are handled on a case-by-case basis.
 - ☐ **Relatives must assist, if possible.** *New Hampshire State Law* provides that in certain cases, close relatives may be liable to provide you support. See: Title XII, Chapter 165:19 of Revised New Hampshire Statutes Annotated (Liability for Support). Be certain to provide information about your relatives on the application.
 - ☐ **Document rent/mortgage expense.** Have your landlord complete the Rental Verification Form completely. This form is part of the application. Homeowners: provide a current mortgage statement. *New Hampshire State Law* provides that towns may place a lien on real property for assistance granted to property owners. See: Title XII, Chapter 165:28 of Revised New Hampshire Statutes Annotated (Liens on Real Property).
 - ☐ **Sign and date application.** Sign and date the application where indicated. If you are married, your spouse must also sign.
 - ☐ **Schedule an appointment.** Call the following number to schedule an appointment;
 - (603) 863-9529
 - ☐ **Document income.** Gather documentation on income during the past 30-day period for all members of your household (pay stubs, statement from employer indicating wages, statement of benefits from state/federal sources, etc.). ***Bring this documentation to your appointment.***
 - ☐ **Document assets.** Gather documentation on assets for all members of your household (checking/savings account statements, cash on hand, child support payments, vehicle registrations, retirement accounts, etc.). Also, gather documentation on any state, local, or federal benefits or programs that you are receiving (fuel assistance, food stamps, WIC, Section 8 housing, or other benefits). ***Bring this documentation to your appointment.***
 - ☐ **Document basic living expenses.** Gather documentation on basic living expenses for all members of your household during the past 30-day period (electric bills, Rental Verification Form, heating expenses, or other proof of basic living expenses). ***Bring this documentation to your appointment.***
 - ☐ **Identification.** Gather identification materials for all members of your household (photo identification is preferable for adults, birth certificates or social security cards for children are acceptable). ***Bring this documentation to your appointment.***
 - ☐ **Medication assistance.** If you are requesting medication assistance, have your medical provider fill out the Medication Expense Verification Form. ***Bring this documentation to your appointment.***
- Cancellations and other concerns.** Call the number listed above if you cannot keep your appointment so that other applicants can have the opportunity to meet with the Town Welfare Administrator.
- Failure to read these instructions and supply the necessary documentation may cause a delay in processing your application.
 - Do not turn in the application (or any documentation) before your scheduled appointment.

TOWN OF GOSHEN, NH

APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

1. General Information:

Name _____ Date of Birth _____

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:

| Full Name | Relationship | Date of Birth | Social Security # |
|-----------|--------------|---------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If at your current address less than 12 months, please list past 12 month's addresses:

| Street | Town/City | State | Dates of Residence |
|--------|-----------|-------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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**

| | <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: | _____ | _____ | _____ | _____ |

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:

| <u>Name</u> | <u>Employer</u> | <u>Pay</u> | <u>Weekly/ Biweekly</u> | <u>Employment Dates</u> | <u>Reason for Leaving</u> |
|-------------|-----------------|------------|-----------------------------|-----------------------------|-------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

4. **Household Assets:**

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

| <u>Name</u> | <u>Bank/Credit Union</u> | <u>Savings</u> <u>Acct. #</u> | <u>Savings</u> <u>Balance</u> | <u>Checking</u> <u>Acct. #</u> | <u>Checking</u> <u>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) _____
 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:

| <u>Owner</u> | <u>Auto Make</u> | <u>Model</u> | <u>Year</u> | <u>Value</u> | <u>Payments</u> | <u>Insurance</u> |
|--------------|------------------|--------------|-------------|--------------|-----------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

5. Household Income

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

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

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

| <u>Name</u> | <u>Agency Name</u> | <u>Contact Person</u> |
|-------------|--------------------|-----------------------|
| | | |
| | | |
| | | |

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.)

| | | |
|--------------------------|------------------------|---------------------|
| Bank Fees _____ | Diapers _____ | Mortgage _____ |
| Bus/Cab _____ | Electric _____ | Prescriptions _____ |
| Cable/Internet _____ | Food _____ | Rent _____ |
| Child Support Paid _____ | Fuel Oil _____ | Rent-To-Own _____ |
| Car Gasoline _____ | Gas, Bottled _____ | School Loan _____ |
| Car Insurance _____ | Gas, Natural _____ | Storage _____ |
| Car Payment _____ | Health Insurance _____ | Telephone _____ |
| Condo Fee _____ | Laundry _____ | Other _____ |
| Child Care _____ | Loan _____ | Other _____ |
| Credit Card _____ | Lot Rent _____ | Other _____ |

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

| | | |
|------------------------|----------------------------|-----------------------------|
| Car Inspection _____ | Drivers License _____ | Medical _____ |
| Car registration _____ | Fines/Court Payments _____ | Sewer/Water _____ |
| Car repair _____ | Home Repairs _____ | Tax (Income/Property) _____ |
| Dental _____ | Home/Rent Insurance _____ | Other _____ |

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:

Your father _____ Address _____

Your mother _____ Address _____

Co-applicant father _____ Address _____

Co-applicant mother _____ Address _____

Your or co-applicant's adult children _____

9. Certifications and Signatures

I understand that if I receive assistance from the municipality 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 municipality may place a lien against any real property which I own. RSA 165:28.

I hereby certify that if I have a lawsuit, workers' 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 165:28-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 and/or Theft By Deception. RSA 637:4, :11.

I understand that any relative in the line of father, mother, step-father, step-mother, son, daughter, husband, or wife may be called upon to provide my needed assistance if they can do so without financial hardship to them. RSA 165:19.

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.

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 municipality 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

APPLICANT ONLY

AUTHORIZATION TO RELEASE INFORMATION

(Goshen, New Hampshire—APPLICANT ONLY)

I, _____ of the Town of Goshen, New Hampshire, County of Sullivan, being an applicant for Town Assistance under the laws of the State of New Hampshire, RSA 165 *et seq.*, hereby authorize and request any relative, health care provider, banker, financial firm or organization, fiscal officer, police officer, parole officer, employer, utility company, fraternal order, Social Security Office, Church, minister, priest, State or local welfare department or human services department, local or regional community action program (CAP), shelter program, or any other person, firm, association, or organization having any information concerning my circumstances as they may relate to eligibility for Town Assistance to furnish such information to the *Welfare Official* of Goshen, New Hampshire. I also authorize the *Welfare Official* of Goshen, New Hampshire to release information to other Welfare and Social Service agencies, or any other person, firm, association, or organization involved in the servicing of my case. A photocopy or facsimile of this release may be used in place of the original.

By signing below, I, _____, indicate that I have: (1) read this authorization; and (2) approved this authorization.

Signature _____

Date _____

Social Security Number _____

Date of Birth _____

Address _____

Goshen Welfare Official's Printed Name _____

/ Goshen Welfare Official _____

TOWN OF GOSHEN, NH • DEPARTMENT OF WELFARE

CO-APPLICANT ONLY

AUTHORIZATION TO RELEASE INFORMATION

(Goshen, New Hampshire—CO-APPLICANT ONLY)

I, _____ of the Town of Goshen, New Hampshire, County of Sullivan, being an applicant for Town Assistance under the laws of the State of New Hampshire, RSA 165 *et seq.*, hereby authorize and request any relative, health care provider, banker, financial firm or organization, fiscal officer, police officer, parole officer, employer, utility company, fraternal order, Social Security Office, Church, minister, priest, State or local welfare department or human services department, local or regional community action program (CAP), shelter program, or any other person, firm, association, or organization having any information concerning my circumstances as they may relate to eligibility for Town Assistance to furnish such information to the *Welfare Official* of Goshen, New Hampshire. I also authorize the *Welfare Official* of Goshen, New Hampshire to release information to other Welfare and Social Service agencies, or any other person, firm, association, or organization involved in the servicing of my case. A photocopy or facsimile of this release may be used in place of the original.

By signing below, I, _____, indicate that I have: (1) read this authorization; and (2) approved this authorization.

Signature

Date

Social Security Number

Date of Birth

Address

Goshen Welfare Official's Printed Name

Goshen Welfare Official

TOWN OF GOSHEN, NH • DEPARTMENT OF WELFARE

RENTAL VERIFICATION FORM

This form **MUST** be completed and signed by the PROPERTY OWNER/MANAGER.

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: \$ _____ **NUMBER OF BEDROOMS:** _____

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 and/or utilities are owed, please attach accounting of last 12 months/when paid, and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided.

Tax ID #: _____ OR Social Security #: _____

Payments can only be made to owner listed on lease or town records.

Property Owner Name: _____

Address: _____

Telephone: _____

Property Owner Signature: _____ **Date:** _____

Property Manager Name: _____

Address: _____

Telephone: _____

Property Manager Signature: _____ **Date:** _____

TOWN OF GOSHEN, NH • DEPARTMENT OF WELFARE

EMPLOYMENT VERIFICATION FORM

To Employer _____ Date _____
Address _____
Phone _____

I _____ authorize the above employer to release information regarding
past/present employment.

Employee Signature _____

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 GOSHEN, NH • DEPARTMENT OF WELFARE

MEDICAL RELEASE AND REPORT

APPLICANT NAME/SS#: _____ DOB: _____

I hereby request the release by a doctor, hospital or clinic to the Municipal 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 Municipality also may require welfare recipients to work in any capacity that the recipient is capable 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's Printed Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

Physician's Address: _____

*Thank you for taking the time to complete this form.
Please contact the Municipal Welfare Department if you have any questions.*

TOWN OF GOSHEN, NH • DEPARTMENT OF WELFARE

MEDICATION EXPENSE VERIFICATION FORM

The below named applicant has applied to the Goshen, NH Town Welfare Office for assistance with medication. This form is needed to verify medication information.

Name of applicant: _____

Date of Birth of applicant: _____

Below, please list medications, dosage, and purpose of medication:

| <u>Name of medication *</u> | <u>Dosage</u> | <u>Purpose of medication</u> |
|-----------------------------|---------------|------------------------------|
| 1. | | |
| | | |
| 2. | | |
| | | |
| 3. | | |
| | | |
| 4. | | |
| | | |
| 5. | | |
| | | |

I, _____, *Health Care Provider*, certify that the above-referenced medication is absolutely necessary for the above-named patient and that if the above-named patient went without the above-referenced medication it will create a significant risk that the above-named patient's well-being will be placed in serious jeopardy.

*Are "generic" medications available for this patient? ☐ Yes ☐ No
*If so, please prescribe the generic equivalent.

Has the patient been referred to the Medication Bridges Program? ☐ Yes ☐ No

Are pharmaceutical samples available to the patient? ☐ Yes ☐ No

| | |
|---------------------------------|--------------|
| Physician's Printed Name: _____ | Phone: _____ |
| Physician's Signature: _____ | Date: _____ |
| Physician's Address: _____ | |
| _____ | |

TOWN OF GOSHEN, NH • DEPARTMENT OF WELFARE

**TITLE XII
PUBLIC SAFETY AND WELFARE**

**CHAPTER 165
AID TO ASSISTED PERSONS**

Liability for Support, and Recovery Over

Section 165:19

165:19 Liability for Support. – 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. Said relation shall be deemed able to assist such person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should a relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of these officials be summoned to appear in court. If, after hearing, it is found that the alleged poor person is in need of assistance, and that the relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance, which the relation shall furnish. If the relation neglects or refuses to comply with the court order without good cause, as determined by the court at a hearing, or by refusing to work or otherwise voluntarily places himself in a position where he is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than 90 nor fewer than 60 days. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

Source. RS 66:8. CS 70:8. GS 74:8. GL 82:8. PS 84:12. 1925, 112:1. PL 106:22. 1933, 65:1. RL 124:18. RSA 165:19. 1973, 115:1. 1985, 380:11, eff. Jan. 1, 1986.

Please note: Relatives are responsible for your assistance -- before the town.

Applicants can be asked to justify what support relatives are supplying, and/or justify why assistance is not being provided. This may require financial information from relatives.

Goshen Welfare Department

P-17

NEW HAMPSHIRE TOWN ASSISTANCE

FINANCIAL STATEMENT & DISCLOSURE

Pursuant to RSA 165:19

NAME _____

SPOUSE _____

ADDRESS _____

DEPENDENTS: _____

AGE _____

AGE _____

AGE _____

AGE _____

HOUSEHOLD INCOME AND ASSETS

GROSS MONTHLY INCOME: \$ _____ NET MONTHLY INCOME \$ _____

TOTAL INCOME LAST YEAR \$ _____ SOURCE(S) _____

SAVINGS ACCOUNT BAL \$ _____ CHECKING ACCOUNT BAL \$ _____

STOCKS, BONDS, CD \$ _____ OTHER \$ _____

REAL OR PERSONAL PROPERTY _____

FOOD STAMPS \$ _____ CHILD SUPPORT \$ _____ PER _____

MONTHLY HOUSEHOLD EXPENSES *(Please list out of pocket expenses only):*

CABLE/INTERNET \$ _____ CHILD SUPPORT PAID \$ _____ CAR GASOLINE \$ _____

CAR INSURANCE \$ _____ CAR PAYMENT \$ _____ CHILD CARE \$ _____

CREDIT CARD \$ _____ ELECTRIC \$ _____ FOOD \$ _____

FUEL OIL \$ _____ GAS, NATURAL \$ _____ HEALTH INS \$ _____

LIFE INS \$ _____ LOAN \$ _____ LOT RENT \$ _____

MORTGAGE \$ _____ PRESCRIPTIONS \$ _____ RENT \$ _____

STUDENT LOAN \$ _____ TELEPHONE \$ _____ HOME/RENTER INS \$ _____

MEDICAL \$ _____ PROPERTY TAX \$ _____ WATER/SEWER \$ _____

OTHER _____

TOTAL MONTHLY INCOME : \$ _____ TOTAL MONTHLY EXPENSES : \$ _____

I have read, and I understand the attached RSA 165:19.

Signature

Date

Signature

Date