



Town of Meredith

41 Main Street
Meredith, NH 03253
603-279-4538
fax 603-677-1090

APPLICATION FOR GENERAL ASSISTANCE

Date of Application _____ Referred by: _____

Name _____ Street Address _____

Mailing Address _____

Home Telephone # _____ Work Telephone # _____

Applicant's Birth date _____ Social Security # _____

Marital Status (CIRCLE ONE): Single Married Separated Divorced Widowed

Name of spouse/companion/roommate: _____

Companion's Birth date _____ Social Security # _____

List all members of your household **Age** **Relationship** **Social Security #**

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

Address for the past two years

Town Street From To

Town Street From To

Name of Landlord _____ Mailing Address _____

Amount of rent _____ Date rent due _____ Date last paid _____

Your father's name _____

Your mother's name _____

Address _____

Address _____

Employer _____

Employer _____

Companion's father's name _____

Companion's mother's name _____

Address _____

Address _____

Employer _____

Employer _____

Applicant Work record for last two years (most recent employer first)

Employer name and address _____

Type of work _____

Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Employer name and address _____

Type of work _____

Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Spouse/Roommate most recent employer first

Employer name and address _____

Type of work _____

Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Employer name and address _____

Type of work _____

Dates of employment _____ to _____

Wage _____ Reason for leaving _____

Military Service

Branch of Service _____

Date of Entry _____

Are you considered a veteran: ____ Yes ____ No

Do you have a military disability: ____ Yes/No

Do you have a discharge: ____ Yes ____ No If yes, monthly payment received: _____

Resources of Household

Savings Account Balance \$ _____ at _____ Bank.

Checking Account Balance \$ _____ at _____ Bank.

Automobile Payment \$ _____ Make/Model _____.

Do you have or will you receive any of the following:

<u>HOUSEHOLD INCOME</u>	<u>AMOUNT</u>	<u>HOUSEHOLD INCOME</u>	<u>AMOUNT</u>
Temporary Aid to Needy Families TANF	_____	Annuity/Trust Fund	_____
Aid to permanently & totally disabled APTD	_____	IRA, CD'S Etc.	_____
Weekly Gross Pay	_____	Subcontracting Jobs	_____
Social Security SSI/SSD	_____	Relatives/Boarders	_____
Unemployment	_____	OAA-Old Age Assistance	_____
Workers Comp	_____	Settlement Monies	_____
Child Support Payments	_____	VA-Benefits	_____
Natl. Guard-Severance Pay	_____	Food Stamps	_____
Private Disability Insurance	_____	WIC	_____
Private Pension	_____	Fuel Assistance	_____

Monthly household requirements

Rent _____ Food _____ Fuel _____ Electricity _____

Medications _____ Telephone _____ Insurance _____ Other _____

Requirements of family

Assistance requested _____

Reason for request _____

Duration of Assistance _____

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CLIENT AUTHORIZATION

I UNDERSTAND I SHOULD REPAY THE TOWN OF MEREDITH FOR ANY ASSISTANCE I AM GIVEN, IF I AM ABLE.

THE TOWN OF MEREDITH RESERVES THE RIGHT TO INSPECT YOUR PREMISES BETWEEN THE HOURS OF 8:00am to 8:00pm Monday thru Friday.

I UNDERSTAND THAT THE TOWN WILL PLACE A GENERAL ASSISTANCE LIEN ON MY PROPERTY FOR ANY ASSISTANCE I AM GIVEN.

I HEREBY AFFIRM THAT ALL THE INFORMATION STATED HEREN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I MAY BE SUBJECT TO PENALTIES FOR MATERIAL MISREPRESENTATION.

Signature

Witness

Signature

Witness

APPLICANT’S AUTHORIZATION TO FURNISH INFORMATION

I AUTHORIZE AND REQUEST, ANY RELATIVE, PHYSICIAN, LAWYER, BANKER, EMPLOYER, INSURANCE COMPANY, FRATERNAL ORDER, OR ANY OTHER SUCH PERSON OR ORGANIZATION HAVING INFORMATION CONCERNING MY ELIGIBILITY FOR GENERAL ASSISTANCE TO FURNISH SUCH INFORMATION TO THE OVERSEER OF WELFARE.

Signature

Witness

Signature

Witness