



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:**

<b>HOUSEHOLD INCOME</b>	<b>AMOUNT</b>	<b>HOUSEHOLD INCOME</b>	<b>AMOUNT</b>
Temporary Aid to Needy Families TANF	_____	Annuity/Trust Fund	_____
Aid to permanently/temp 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	_____
Other Income	_____	Other Income	_____

**Monthly household requirements**

Rent \_\_\_\_\_ Food \_\_\_\_\_ Fuel \_\_\_\_\_ Electricity \_\_\_\_\_

Medications \_\_\_\_\_ Telephone \_\_\_\_\_ Insurance \_\_\_\_\_ Other \_\_\_\_\_

**Requirements of family**

Assistance requested \_\_\_\_\_

Reason for request \_\_\_\_\_

Duration of Assistance \_\_\_\_\_

Town of Meredith  
41 Main Street  
Meredith, NH 03253  
603-677-4206  
fax 603-556-8816

**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 HEREIN 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