

Order of Application Packet

Case No# 2024-0_____

1. Checklist Coversheet
2. Income Tax refund
3. Responsibilities of the Applicant / Client
4. Basic Needs
5. Application pages 1-7
6. Rental-Residency Verification form

Hand Delivered or mailed to: _____

Or

Emailed to: _____

Town of Milton
Welfare Office
POB 310
Milton, NH 03851-0310
(603) 652-4501 x9

RE: Income Tax Refund

Please be advised that if you are requesting assistance from this office, all income tax refunds will be considered income and must be used for allowable expenses such as rent (including arrears), utilities, medications, medical bills, and child care. Budgets in this office will include all income, and assistance will be determined from the household budget.

You are required to provide this office with a copy of your Income Tax Return/Refund paperwork. You must immediately notify this office of any refund payment. Not doing so will be considered fraud and will be prosecuted accordingly.

I have read and understand the above. I will provide a copy of my income tax within 7 days of when I file. I will keep receipts of what the money has been spent on to provide to the Town of Milton in the event that I need assistance again in the future.

Name

Date

Responsibilities of the Applicant/Client

At the time of the initial application, and as long as a client is receiving assistance or the case is open, the client shall comply with each of the following responsibilities. Applicants shall:

1. Submit an Application for assistance, sign all release of information, include any supporting documentation, provide complete, accurate and truthful information in all respects and to comply with all requirements set forth in each Notice of Decision (NOD), for example, client must provide proof of all household income and unaltered dated receipts for all household expenses;
2. Provide accurate and complete information without misrepresentation or omission concerning needs and resources; cooperate fully and completely in answering all questions asked by the welfare official, including providing information regarding all legally liable relatives. Refusing to answer all questions asked by the welfare official may result in a denial of the requested assistance.
3. Report to the welfare official, within Three (3) working days, any and all changes in circumstances, particularly the receipt of any financial resources from any source.
4. Apply for and accept any benefit or resources (public and Private) that reduces or eliminates the need for local General Assistance upon application and within seven (7) day after the date of the interview.
5. Cooperate fully and completely with the welfare official in verifying all information that has been provided and necessary to determine eligibility and to notify the welfare official within three (3) working days, of any changes which differs from the information provided on the application for assistance or on the updated application.
6. Cooperate fully and completely with the welfare official when the welfare official (s) make a home visit.
7. Keep all appointments as scheduled unless a verifiable emergency prevents keeping the scheduled appointment. In such an event, promptly providing verifiable documentation of the emergency.
8. Provide records and other required information and access to such records and information, when requested.
9. Provide the request for medical information form completed by a medical doctor or physicians assistance as to the level of work that can be performed by the client if claiming an inability to work due to medical problems. Chiropractors, social worker, and psychologists are not considered licensed medical providers for purposes of these guidelines.

10. Immediately report the theft and/or loss of any money, voucher or other valuable property to the appropriate entity and/ or law enforcement authority and provide the welfare official with proof of the report to law enforcement authority.
11. Diligently search for employment.
12. Provide verifiable documentation of work search (the number of work search contacts to be determined by the welfare official), to accept employment when offered (except for documented reasons of good cause RSA 165:1-d) and to maintain such employment once assistance has been granted. RSA 165:1-b I (c).
13. Participate fully in the Welfare Work Program, if physically and mentally able if assigned by the welfare official. RSA 165:1-b I (b).
14. Cooperate fully and completely with the welfare official to obtain reimbursement to the Town of Milton for assistance provided be ant means authorized by law, and to notify the welfare official of any pending civil judgement(s), law suit(s), inheritance(s), financial settlement(s), insurance claim(s) and any other finical award (s).
15. Make reimbursement of any assistance granted when and if returned to income status and if such reimbursement can be made without financial hardship. RSA 165:20-b:16 To read and sign a copy of " Responsibilities of the Applicant/Client.

Signed Applicant/Client

Date

Basic Needs Policy

Per the town of Milton guidelines, it is the applicant/ recipient's responsibility to utilize any available benefits or resources to reduce the need for general assistance. The Welfare department will direct the applicants/ recipients to use current recourses to meet basic needs in order to reduce the need for general assistance.

While working with the welfare department, you will be required to use your earned or unearned resource for basic needs only. These are:

Rent/Mortgage

Diapers

Food

Utilities

Non-food Hygiene

Prescriptions

Cleaning Items products

Documented Childcare Cost

Car Gas or Cost of public transportation for essential travel (Work, work search, Medical appointments)

The following are examples of what may be non-basic needs. They maybe unallowable expenses in determining eligibility:

Telephone cost over \$50

Insurance Payments

Credit Card Payments

Bail Payments

Loan Payments

Repayment of personal loans

Cable

Restaurant/ Fast Food

As a Condition of assistance, you will be required to first use all available resources, as directed, to meet basic needs. Unaltered, dated receipts for these expenses are required. Should you choose to use your resources for other than basic needs as outlined above and/or in your written decision from the welfare department, those amounts will be considered available to you, and assistance will be reduced accordingly; a sanction or denial may be issued.

I/ We have read and reviewed the basic needs policy with my/Our WELFARE DIRECTOR.

Applicant name

Co applicant Name

Signed

Signed

Date

Date



Town of Milton, NH

Human Services Department

P. O. Box 310 • Milton NH 03851 • 603.652.4501 x9 • F:603.652.4120

Application for General Assistance

Application 2024-0__





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Application for General Assistance

NOTICE OF RIGHTS OF ANYONE RECEIVING ASSISTANCE FROM THE MUNICIPALITY OF MILTON, N.H.

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.



Town of Milton, NH

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Application for General Assistance

APPLICATION FOR GENERAL ASSISTANCE

Welfare Application 2024-__

Date of Application: _____ Referred by: _____

1. General Information

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

_____ Social Security #: _____ U.S. Citizen? _____

Marital Status: _____ Rent or Own? _____ How Long at this Address? _____

Spouse/Co-Applicant Name: _____ Social Security #: _____

Spouse Address (if not same as applicant): _____

Type of Assistance Requested: _____ Amount Requested: _____

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



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Application for General Assistance

2. Housing Information

Rent amount \$ _____ Per Month Date last paid _____ Date due _____
 Per Week

Do you have a current: Demand for Rent Notice to Quit Landlord/Tenant Writ

Total Rent Owed: \$ _____ Do you receive a housing subsidy? Yes No

Utilities Included: Heat Electric Gas Water/Sewer Other _____

LANDLORD INFORMATION

Name: _____ Telephone: _____
Address: _____

IF HOMEOWNER: Mortgage Amount _____ Date Last Paid _____ Owed \$ _____
Bank/Mortgage Company: _____ Address: _____

3. Education / Training / Employment

	Highest Grade Attended	GED or Diploma	Special Training or Skills	Military Service
Applicant:	_____	_____	_____	_____
Spouse/Co- Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____

When began work _____ Date/Amount of Last Paycheck _____ \$ _____

Are you unemployed now? Yes No Reason _____

Date last worked _____ Employer _____ Date/Amount Last Paycheck _____ \$ _____

Are you able to work now? Yes No If not able, why not? _____

Current and two most recent jobs of you and all household member age 18 and older:

Name	Employer	Pay	Weekly Biweekly	Employment Dates From: To:	Reason for Leaving



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Application for General Assistance

4. Household Assets

Name	Bank/Credit Union	Savings Account No.	Savings Balance*	Checking Account	Checking Balance**

* Please provide a copy of your latest bank statement showing your Savings Account balance.

**Please provide a copy of your latest bank statement showing your Checking Account balance.

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:

Owner	Auto Make	Model	Year	Value	Payments	Insurance



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Application for General Assistance

5. Household Income

Income Source	Name	Date Applied	Date Last Rec'd	Monthly Amount
ANB (Aid to the Needy Blind)				
APTD (Aid to Permanently and Totally Disabled)				
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 (Temporary Assistance for Needy Families)				
Unemployment				
Vacation Pay				
Veteran's Pension				
Vocational Rehabilitation				
WIC (Women/Infants/Children)				
Worker's Compensation				
Other:				

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

Name	Agency Name	Contact Person



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Application for General Assistance

6. Expenses

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	Driver's License	Medical
Car Registration	Fines	Court Payments
Car Repairs	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	State of Conviction	<u>Details of Conviction</u>

Criminal Information

Have you or any member of your household presently on parole or probation? Yes No

If yes, who?	Court or Jurisdiction?
Name and Phone Number of Parole/Probation Officer	
Name:	Phone Number:



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Application for General Assistance

8. Liability for Support Information

Please Provide the following details:

Name of your father:	Address:
Name of your mother:	Address:
Co-applicant father:	Address:
Co-applicant mother:	Address:

Your co-applicant's adult children:

Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	

9. Certifications and Signatures

- I understand that if I receive assistance from the Town of Milton, 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, 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: I-d)



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Application for General Assistance

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)

1.

Applicant Signature

Date

Applicant's Printed Name

2.

Spouse or Co-Applicant Signature

Date

Spouse or Co-Applicant's Printed Name

3.

Signature of Person Completing Form, if not Applicant

Date

Printed Name



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Application for General Assistance

AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,
Print Your Name

the local Welfare Administrator for The Town of Fremont NH may require certain information about assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called "deeming"
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

I understand that I have the option to provide any or all of the requested information myself.

I understand that any use of the above information inconsistent with these purposes is forbidden.

I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

This authorization shall expire 180 days from the date it is signed.

Signature

Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

Relationship to You

Witness

Date



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Application for General Assistance

VERIFICATION CHECKLIST FOR ASSISTANCE

Welfare Application 2024-__

General assistance is for use only by those who are truly eligible. The Town of Milton has put into place a set of Welfare Guidelines containing strict requirements to meet eligibility for General Assistance.

PLEASE PROVIDE ALL OF THE ITEMS LISTED BELOW IN ORDER TO ENSURE A COMPLETE APPLICATION

○ **Identification for each person in the household (minor children included)**

- Social Security Card
- Birth Certificate
- Verification of Income
- Last 4 weeks paystubs
- All other source of income documentation (TANF, Food Stamps, etc.)
- Employment Verification Form
- Tax Return

○ **Letter from employer (on letterhead), including**

- Start Date
- Hourly pay/ weekly salary
- Hours worked per week

Verification that you have applied to other agencies prior to appointment:

○ ***State Welfare (DHHS - 150 Wakefield Street, Rochester NH 603.332.9120)***

- Emergency Food Stamps/Regular Food Stamps
- TANF (Temporary Assistance for Needy Families)
- Medicaid
 - ***Granite Advantage Program***

- WIC
- Title XX (Daycare)
- Emergency Assistance

○ ***Social Security Benefits***

○ ***Department of Employment Security (SSI / SSDI) • 3 Plaza Drive, Dover NH Phone: 603.742.3600***

- Unemployment Compensation
- Work Registration Program
- Community Action Partnership (Farmington & Rochester Offices; 603.435.2500)



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Application for General Assistance

- **Verification if Illness or Injury (Doctor's medical evaluation form - YELLOW from in packet)**
 - Notice from Physician stating when able to ret urn to work with any limitations once cleared

- **Verification of work search (list at least 3 jobs per week with name of company, contact person's name and telephone number for referencing)**

- **Verification of Resources**
 - Divorce Decree &/or Child Support Order
 - Checking/ Savings Account statements (within a week of appointment)

- **Verification of Residence**
 - Copy of Lease
 - Landlord Verification Form (*To be filled out by landlord*)
 - Copy of purchase agreement or most current Town of Milton Tax Bill

 - Verification of vehicle - *Vehicle registration in your name with current address.*

 - Verification of RSA 165:19 - Statement from all living family stated they cannot afford to assist you in your financial need.

 - Current electrical invoice

MUST HAVE ALL NECESSARY VERIFICATIONS AND COMPLETE APPLICATION AT APPOINTMENT OR DETERMINATION FOR BENEFITS WILL NOT BE MADE. A SECONDARY APPOINTMENT WILL BE REQUIRED.

Client: Welfare Application 2024-__

END OF CHECKLIST

Town of Milton, NH

POB 310
Milton, NH 03851-0310
miltonta@miltonnh-us.com
603-652-4501 ext 1

Rental/Residency Verification

This form *must* be completed by the landlord/agent or owner only

(Please complete the entire form and provide a copy of the lease agreement)

Tenant's Name(s): _____ Date: _____

Address: _____
(Number/Street) (Apt.#) (City) (State)

Number of Household Members _____ Names of all Household Members: _____

Is this tenant related to Landlord/Owner? _____ If so, how? _____

Occupancy Date: _____ Lease exp. Date _____ Security deposit: \$ _____ Date Paid: _____

Rent Amount: \$ _____ Weekly Monthly Other _____ Last Paid _____ Back rent owed: \$ _____

Has Demand for Rent & Notice to Quiet been issued? _____ When? _____
(Please attach rent record/log)

If Subsidized rent, please list tenant's portion: \$ _____ If roommate situation, please list tenant's portion: \$ _____

Please check the appropriate items for the residence

Apt. Single Family residence Other: _____ Furnished Unfurnished # of Rooms: ____ # of Bedrooms ____

Utilities: Type of Heat: _____

Indicate which utilities are included in the rent: All utilities Water Electricity Heat Gas Cable Phone

Landlord/Owner's Name _____ Agent/Manager's Name _____

Address: _____ Address: _____

Telephone: _____ Fax: _____

Comments or Special Conditions: _____

Signature: Landlord/Owner/Agent _____

Date _____

****By Signing this I hereby certify the information above is true and complete****

NOTE: This is not an authorization for Payment. If approved, payment will be made directly to landlord/owner

TITLE XII

PUBLIC SAFETY AND WELFARE

CHAPTER 165

AID TO ASSISTED PERSONS

Section 165:4-a

165:4-a Application of Rents Paid by the Municipality. – Whenever the owner of property rented to a person receiving assistance under this chapter is in arrears in sewer, water, electricity, or tax payments to the municipality, the municipality may apply, upon approval of the governing body, the assistance which the property owner would have received in payment of rent on behalf of such assisted person to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person. For purposes of this section, a payment shall be considered "in arrears" if more than 30 days have elapsed since the mailing of the bill, or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13.

Source. 1992, 184:2, eff. July 11, 1992.