

Town of Farmington, NH

Welfare Office

356 Main Street
Farmington, NH 03835
603 – 755-3100 x 35 FAX – 603-755-9934

Appointment Date: _____

Time: _____

Requesting financial assistance to move into a year-round rental is a process & requires the coordination of several agencies & the cooperation of the prospective tenant & the landlord with these agencies.

- Completed Application Form.
- Verification that you have applied for & participated in the screening interview at Strafford County Community Action (516-8130). This screen can be done over the phone.
- Complete contact information, name, address, & phone number for prospective landlord or his/her agent.
- If you are required to pay any or all of your utilities in your new home, verification that you are able to have electric, heat and water utilities turned-on in your name or a household member's.
- If you are required to pay your own utilities, you must contact each utility company & request a past-usage statement & and estimated monthly cost from each utility company that you will have to pay directly.
- Rental/Residency Verification Form (the last page of this packet)+ W9 MUST BE FILLED OUT BY LANDLORD.
- Rental Security Loan agreement signed & notarized by the landlord if assistance includes help with security deposit.
- Identification for each household member (Driver's License, Birth Certificate, Social Security Cards, etc.).
- Last four weeks pay-stubs or other proof of net wages on ALL employed household members and/or verification of employment.
- Documentation of any sources of unearned income (TANF, SS, Unemployment Compensation, Worker's Compensation, Child Support, etc.).
- Copies of current bank statements from all bank accounts (Checking, Savings, Credit Unions, etc.).
- Statement from roommate(s) regarding division of expenses.
- Copy of unsigned lease, to be followed with copy of signed lease following any assistance.
- Other _____



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Welfare Office
358 Main Street
Farmington, NH 03835
(603) 755-3100 x 35
(603) 755-9934 FAX**

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 Farmington 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 releases 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, for example, client must provide proof of all household income and 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 (RSA 165:19). 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 resource (public or private) that reduces or eliminates the need for local General Assistance upon application and within seven (7) days after the date of the interview;
5. Cooperate fully and completely with the welfare official in verifying all information that has been provided and is necessary to determine eligibility and to notify the welfare official, within three (3) working days, of any changes which differ from the information provided on the Application For Assistance or on the Update Application;
6. Cooperate fully and completely with the welfare official when the welfare official(s) make(s) 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 physician's assistant 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 workers, 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;
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 Farmington for assistance provided by any means authorized by law, and to notify the welfare official of any pending civil judgment(s), law suit(s), inheritance(s), financial settlement(s), insurance claim(s) and any other financial 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 the "Responsibilities of Applicant/Client" document which has been provided.

Applicant/Client

Date

**Town of Farmington, NH
Welfare Office**

Phone: (603) 755-3100 x35 Fax: (603) 755-9934

(Please answer each question)

Have you ever applied for Farmington welfare before? Yes No If yes, When? _____ What Name _____

Name _____

Maiden Name _____

Referred By _____

Address _____

City _____ State _____ ZIP _____

Spouse/Cohab/Roommates _____

Telephone _____ Cell Phone _____

Contact Phone Number _____

Relationship _____

Taken By _____

Maiden Name _____

LIST EVERYONE WHO LIVES IN THE HOUSEHOLD, BEGIN WITH YOURSELF ON THE FIRST LINE

Full Name	Relationship	Marital Status	Birthdate	Age	Social Security Number	Name of Child's School	Grade
	self						

LIST ANY OF YOUR CHILDREN WHO DO NOT LIVE WITH YOU, INCLUDE CHILDREN OVER 18 YEARS OF AGE

Full Name	Birthdate	Address	Employer	Name of Guardian if child is under 18

LIST MARITAL HISTORY OF ALL ADULT HOUSEHOLD MEMBERS

Your Name	Spouses Name	Date of Marriage	Place of Marriage	Legal Status	Date of Div/Sep	Custody of Children

LIST YOUR ADDRESSES FOR THE LAST TWO YEARS, BEGIN WITH YOUR PRESENT ADDRESS

Street Address Room or Apt. #	Town / City / State	From (Month / Date / Year)	To (Month / Date / Year)

Have you ever applied or received assistance from any other city, town, or state welfare office? Yes No If yes, provide details: _____

Under what name? _____ Duration of assistance? _____

When?	What type of assistance?

Welfare Office

(Please answer each question)

Phone: (603) 755-3100 Fax: (603) 755-9934

Have you ever applied for Farmington welfare before? Yes ___ No ___ If yes, When? _____ Under What Name _____

Name _____

Maiden Name _____

Address _____

Referred By _____

City _____ State _____ ZIP _____

Contact Phone Number _____

Spouse/Cohab/Roommates _____

Relationship _____

Have you ever applied or received assistance from any other city, town, or state welfare office? Yes ___ No ___ If yes, provide details: Where? _____ When? _____ What type of assistance? _____

LIST EVERYONE WHO LIVES IN THE HOUSEHOLD, BEGIN WITH YOURSELF ON THE FIRST LINE

Full Name	Relationship	Marital Status	Birth date	Age	Social Security Number
_____	self	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIST YOUR ADDRESSES FOR THE LAST YEAR, BEGIN WITH YOUR PRESENT ADDRESS

Street Address Room or Apt. #	Town / City / State	From (Month / Date / Year)	To (Month / Date / Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST YOUR PARENTS & THE PARENTS OF YOUR SPOUSE, ROOMMATE OR COHAB

Your Name _____

Spouse, Roommate or Cohab Name _____

Father _____ Address _____

Father _____ Address _____

City/State _____

City/State _____

Phone Number(s) _____

Phone Number(s) _____

Employer _____

Employer _____

Mother _____ Address _____

Mother _____ Address _____

City/State _____

City/State _____

Phone Number(s) _____

Phone Number(s) _____

Employer _____

Employer _____

SERVICE RECORD

Name & Rank at Discharge _____
Branch of Service _____
Dates of Service _____
Type of Discharge _____
Reason for Leaving _____

Are you or anyone in the household serving in the National Guard or Reserves? Yes _____ No _____ Name _____
List the date of last National Guard or Reserves pay _____ Amount _____

PLEASE LIST CURRENT & LAST EMPLOYERS FOR YOURSELF & ALL HOUSEHOLD MEMBERS

Employee's Name _____ Employer _____ Weekly Wage _____ Last Date Paid _____ Dates of Employment _____ Reason for Leaving _____

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

MEDICAL, ACCIDENT OR INJURY INFORMATION

Is anyone in your household unable to work? Yes _____ No _____ Name(s) _____
Check Reason: Non Work-Related Accident _____ Non Work-Related Illness _____ Work-Related Accident _____ Work-Related Illness _____
Date of Injury, Accident or Illness _____ Date Workers Comp Claim Filed _____
Name & Address of Employer _____ Phone number _____
Doctor's Name, Address, Phone Number _____
Date able to return to work _____

PROPERTY

List all property & vehicles bought, sold or transferred within the last year

Description/Address _____ Date _____ Price _____ Bought _____ Sold _____
Description/Address _____ Date _____ Price _____ Bought _____ Sold _____

Do you or any other household member own any real estate? Yes _____ No _____ Name of owner(s) _____
Address of property _____ Multi or single family? _____
Mortgage holder name/address/phone & fax #'s _____
Purchase date _____ Purchase price _____
Rental income property? _____
Date of last payment _____ Foreclosure pending? _____

LIST ALL VEHICLES OF ALL HOUSEHOLD MEMBERS INCLUDING BOATS, MOTORCYCLES, ATVs, ETC.

Year _____ Model _____ Registered _____ To _____
Own _____ Rent _____ Lease _____ Borrow _____
Own _____ Rent _____ Lease _____ Borrow _____

LIST INCOME TAX INFORMATION FOR ALL HOUSEHOLD MEMBERS

Name _____ Date Filed _____ Date Tax Refund Rec'd _____ Amount of Refund _____

LIST ALL ASSETS FOR YOURSELF & ALL OTHER HOUSEHOLD MEMBERS

Do you or any other household members, including children have any bank accounts? Yes ___ No ___ If yes, provide information on all personal and/or business accounts owned singly or jointly.

me	Name of Bank / Credit Union	Savings Acct.	Balance	Checking Acct.	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you or any other household member closed a bank or credit union account within the last 6 months? Yes ___ No ___

If so, who? _____ When? _____ What type of account? _____
Which bank? _____ Bank location _____

Do you or any other household member have or cashed in any of the following within the last year? Yes ___ No ___ If yes, list each amount

Trust funds _____ Certificates of Deposit (CDs) _____ Mutual funds _____ Retirement account _____ Savings
Bonds _____
Stocks _____ 401 K _____ Profit Sharing _____ Annuities _____ other (give details) _____

LIST IF YOU OR ANY OTHER HOUSEHOLD MEMBER HAS APPLIED FOR, OR ARE CURRENTLY RECEIVING INCOME OR BENEFITS FROM THE FOLLOWING SOURCES:

	Name	Date Applied	Date Last Received	Amount
ANB (Aid to Needy Blind)	_____	_____	_____	_____
Boarders in your household	_____	_____	_____	_____
Cash available or set aside	_____	_____	_____	_____
Disability - State/APTD	_____	_____	_____	_____
Disability - Short Term _____ Long Term _____	_____	_____	_____	_____
Fuel Assistance: Rent _____ Heat _____ Elect _____	_____	_____	_____	_____
Help from friends, relatives, employers, coworkers	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement Pension	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
SS _____ SSD _____ SSI _____	_____	_____	_____	_____
TANF _____ Relative Payee _____	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay _____ Earned Time _____ Sick Time _____	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
WIC (Women, Infants & Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____

PAYEE INFORMATION

Do you have a payee for any of your benefits? Yes ___ No ___ Which benefits? _____

Payee Name _____

Are you a payee for anyone else? Yes ___ No ___ Benefits for which you are payee _____

His/her Name _____

Are you compensated for your payee services? Yes _____ No _____ Amount _____ Date last received _____

of Employment Security, Veteran's Administration, Community Action, or any non profit agency to release information from their files to the Town of Farmington Welfare Office.

Applicant's Signature	_____	Date	_____
Co-applicant's Signature	_____	Date	_____

APPLICANT'S RELEASE OF INFORMATION

I/We authorize the Town of Farmington Welfare Office to release information to any persons or organizations concerning my/our circumstances or to any State or County Division of Health and Human Services, Division of Children, Youth & Families, Social Security Administration, Internal Revenue Service, school administration, physician, Community Action, Red Cross, mental health professional, Bureau of Elderly & Adult Services, NH Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Salvation Army, food pantries or any Town of Farmington departments connected with the administration of Welfare.

Applicant's Signature	_____	Date	_____
Co-applicant's Signature	_____	Date	_____

Cases will be held open for 6 month after last contact.

The Town of Farmington Welfare Office will be hold cases open for 6 months from the date of last in-person contact with this office. Returning clients must continue to comply with all the requirements of prior Notices of Decision, including but not limited to using all income for basic needs as detailed on prior Notices of Decision. Clients will be expected to provide written verification of all income and dated receipts for expenses for the weeks prior to their return date. Failure to comply may result in a delay or suspension of assistance.

Voluntary Quit Law.

Pursuant to the provisions of RSA 165:d voluntary termination of employment without good cause could lead to disqualification from receiving general assistance in the future.

RSA 641:3

The Town of Farmington Welfare Office may refer violations of RSA 641:3 to the appropriate authorities for prosecution RSA 641:3 provides.

Unsworn Falsification

A person is guilty of a misdemeanor if:

- A. S/He makes a written false statement which he does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or
- B. With a purpose to deceive a public servant in the performance of his official function s/he:
 - 1. Makes any written false statement which s/he does not believe to be true; or
 - 2. Knowingly creates a false impression in a written application for pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading.
- 3. Submits or invites reliance on any writing which s/he know to be lacking in authenticity; or
- 4. Submits or invites reliance on any sample, map, boundary mark, or their object which s/he know to be false.
- C. No person shall be guilty under this section if s/he retracts the falsification before it becomes manifest that the falsification was or would be exposed.

I/We have read the above statements and certify that I/We fully understand them.

Applicant's Signature	_____	Date	_____
Co-applicant's Signature	_____	Date	_____

Applicant(s)/client(s) DO NOT sign the following until the conclusion of the intake interview.

I hereby certify that all notes and/or alterations written on my application by the caseworker(s) during this intake process accurately reflect my responses to questions and any additional information I provided. I further certify that all written and verbal information I have provided has been truthful and without omission to the best of knowledge.

Applicant's Signature

Date

Co-applicant's Signature

Date

Spouse's Signature

Date

Co-applicant's Signature

Date

I hereby certify _____ signed in front of me at the conclusion of the interview.

Welfare Officer Signature

Date

Witness Signature

Date



Town of Farmington
Welfare Department
356 Main Street Farmington, NH 03835
603-755-3100 x 35 • 603-755-9934 FAX

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 lease/rental 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 <input type="checkbox"/> Monthly <input type="checkbox"/> other _____	Last paid: _____	Back rent owed: \$ _____
Has Demand for Rent & Notice to Quit been issued? _____		When? _____	
(please attach rent record)			
If subsidized rent, please list tenant portion: \$ _____		If roommate situation, please list tenant portion: \$ _____	
Please check the appropriate items for the residence:			
Apt. <input type="checkbox"/> Single family residence: <input type="checkbox"/> Other _____; Furnished <input type="checkbox"/> Unfurnished <input type="checkbox"/> ; # Rooms: _____ # Bedrooms: _____			
Utilities: Type of Heat: _____			
Indicated which utilities are included in the rent, check to indicate inclusion:			
All utilities <input type="checkbox"/> Water <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Gas <input type="checkbox"/> Cable <input type="checkbox"/> Phone <input type="checkbox"/>			

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.





A Bicentennial Community
1798 - 1998

Town of Farmington Welfare Office

356 Main Street
Farmington, NH 03835

Phone: (603) 755-3100 • Fax: (603) 755-9934

PROMISSORY NOTE

DATE: _____
NAME: _____
AMOUNT: \$ _____

I promise to re-pay to the Town of Farmington the amount borrowed of \$ _____ in equal successive weekly monthly payments of \$ _____ beginning on _____ (date), and successive monthly/weekly payments on the _____ day of each and every month or on _____ (day) of each week thereafter until paid, except the final payment which shall be the balance due on this note.

This note shall be, at the option of any holder thereof, immediately due and payable in full upon the occurrence of any of the following:

- (1) Failure to make any payment due hereunder on its due date
- (2) Filing of the undersigned of an assignment for the benefit of creditors, bankruptcy or other form of insolvency, or by suffering an involuntary petition in bankruptcy or receivership not vacated within thirty (30) days;
- (3) Upon the death or incapacity of the undersigned.

If this note is placed in the hands of an attorney for collection, I promise and agree to pay the reasonable attorneys' fees and collection costs of the holder of this note.

This note shall take effect as a sealed instrument and shall be construed, governed and enforced in accordance with the laws of the State of New Hampshire.

Signed

Date

Witness

Date

Town of Farmington
Department of Human Services
Municipal Offices Building
356 Main Street
Farmington, NH 03835
(603) 755-3100

General Assistance Lien

KNOW ALL MEN BY THESE PRESENTS that we/I, in consideration of the sum of _____ (\$ _____), received for my/our benefit by the Farmington Department of Human Services in the form of General Assistance, hereby grant to the Town of Farmington a lien on my/our property located at _____, and recorded in the Stratford County Registry of Deeds in Book _____, Page _____ for the amount as set forth hereafter, said lien to be paid from the proceeds of any sale in the event that we (I) sell or otherwise convey said property or any part thereof, within five years of the date of this instrument.

The obligations of this lien shall run with the land to any subsequent purchaser if the lien is not paid at the time of sale. If it is necessary to take legal action to enforce this lien in addition to the amount of said lien plus interest thereon from the date of sale at the rate applicable to judgment liens, the Town of Farmington shall recover attorneys' fees incurred plus other costs and expenses of collection.

In the event that the property hereinbefore described is sold or conveyed the Town of Farmington shall have a lien in the amount and sum of \$ _____, in accordance with the attached promissory note in same amount.

Date

Property Owner's Signature

Typed Name

Date

Property Owner's Signature

Typed Name

Witness