



Town of Troy

16 Central Square - PO Box 249 - Troy, New Hampshire 03465

Application for Assistance

Submit everything to the Welfare Office

1. E-mailed to: welfare@troy-nh.us
2. In person at the Welfare Office at Town Hall
3. In the drop box next to the Welfare Office inside Town hall

*IF YOU CAN'T FIND WHAT YOU NEED, HAVE IT EMAILED TO: WELFARE@TROY-NH.US or FAX TO: 603-242-3430

ATTN: WELFARE OFFICE

- Ask your bank to send bank statements **for the last 3 months**
- Ask your employer to send paystubs **for the last 2 months** for everyone working
- Ask Eversource to send a current bill **for the last 30 days** (not the shut off notice)
- Ask childcare agency to fax statements **for the last 30 days**

Please provide your email address: _____

NOTE: Email address will only be used to communicate about your Welfare Application.

You are applying for the following Assistance: _____

YOU MUST SUBMIT COPIES OF THE ITEMS BELOW WITH YOUR APPLICATION. IF ALL THE INFORMATION IS NOT SUPPLIED YOUR APPLICATION WILL BE PLACED ON HOLD UNTIL ALL IS PROVIDED.

1. **Legal proof of identity**: Photo Identification (Driver's license, Photo ID, College ID, Passport), and Social Security Cards **for ALL members of your household**. If applicable, immigration and naturalization documents.
2. **Health Insurance Verification**: You must provide your health insurance ID cards **for all household members**. If you are applying for Rx assistance, you must have a written copy of the prescription and proof of Rx co-pay cost, and a Medication List from your Pharmacy **for the Last 30 Days**
3. **Proof of Residency**: Copy of your Troy Lease or Mortgage statement. If you are under eviction, bring your Demand for Rent/Notice to Quit.
4. **Proof of Household Income**: You must provide your Paystubs, Unemployment, Social Security/SSI, TANF/APTD, Child Support, Worker's Compensation, or any other income **for the entire past 2 months**. You must provide a printout of your Direct Express Statement. If you are unable to work, you must provide a Doctors note stating why you cannot work.
5. **Proof of DHHS Benefits**: Food Stamps, Medicaid, TANF, APTD, Child Support Enforcement services (please provide the benefits sheet that CHHS provides to you).
6. **Proof of Bank Accounts**: A detailed bank statement (listing how money was spent for each account. You must have a current balance for each account. Please **provide the Last 3 months statements**. (You must provide a printout of your Direct Express Statement).
7. **Proof of Assets** (for example: IRA's, 401K, Real Estate) Vehicle Registration for all Vehicles, inheritance, pending claims or settlements.

8. **Proof of Household Expenses**: You must provide **RECEIPTS for the past 2 months**. If you cannot provide receipts, we must assume that you have money to pay your expenses. You may use a detailed bank statement if receipts have not been kept.
9. **Current Electric Bill**: All pages of your most recent Electric Bill
10. **Household Heating Assistance**: If you are requesting Oil/Propane/pellet assistance you must provide a copy of your Fuel Provider statement or receipts paid for oil/propane/pellets **in the last 30 days**.

IMPORTANT NOTICES

- **The Department does not pay for** dentures/dental work, hearing aids, or eyeglasses. Certain Civic agencies may be able to help. Call Kiwanis, Lions, Elks, Rotary, and local churches.
- **The Department does not pay for** internet, car payments, car repairs, car registrations, license renewals, drivers' education, tuition, classes, lessons, credit card payments, or legal fees or fines.
- **You may apply once a month**. You will need to submit a new application and provide all requested documentation.
- **If you are able to work**, you will be required to look for work and keep a log of the places you applied to as proof that you are looking for employment.
- **If you claim you cannot work**, you need to provide a doctor's note stating you cannot work.
- **If you do not have the requested documentation**, it will delay assistance until it is received and verified by this office.
- **A Notice of Decision** shows the amount of assistance granted or denied, required referrals to other agencies, and what you need to do to receive assistance.
- **If you have savings and/or retirement money, you must use it**. If you do not have access to retirement money, you must provide a letter from the agency that holds your retirement funds stating you do not have access to it at the time of your application for assistance.
- **REPAYMENT TO THE TOWN: You are required to repay all assistance once your income increases**. A Repayment Form will be provided and signed by all parties.



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

5. Household Income

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

	Name	Date Applied	Date Last Received	Monthly Amount
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?

Name	Agency Name	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Reparis _____	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

RSA 165:19 - LIABILITY FOR SUPPORT INFORMATION:

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.

This section must be completed in full

APPLICANT

Your Father _____ Address _____ Phone # _____
 Deceased

Your Mother _____ Address _____ Phone # _____
 Deceased

CO-APPLICANT

Father _____ Address _____ Phone # _____
 Deceased

Mother _____ Address _____ Phone # _____
 Deceased

APPLICANT'S/CO-APPLICANT'S ADULT CHILDREN

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

CONFIDENTIALITY OF INFORMATION

In accordance with the Town of Troy Assistance Guidelines: Information given by or about an applicant/recipient of General Assistance is confidential and privileged and is not a public record and will be maintained under the provisions of RSA 91-A.

**APPLICANT'S AUTHORIZATION TO
FURNISH INFORMATION**

I/We, _____, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form (if not applicant); Relationship to applicant

Date

**APPLICANT'S AUTHORIZATION TO
FURNISH INFORMATION
(specific agency/individual)**

I understand that as part of the administration of the general assistance program, a municipal welfare official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes _____, town/city of _____ welfare official, to obtain information from _____ regarding factors relevant to my application for general assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

Applicant

Date

Welfare Official

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

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: \$ _____

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 is owed, please attach accounting of months and amounts)

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

Tax ID #: _____ OR Social Security #: _____

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

Landlord's Name

Telephone / Fax Numbers

Landlord Address

Name of Manager or other Representative

Landlord Signature

Date

NOTICE OF RIGHTS FOR GENERAL ASSISTANCE RECIPIENTS

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.



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FAIR HEARING REQUEST

You have the right to request a Fair Hearing within five (5) business days of receipt of the Notice of Decision of denial or suspension of benefits, or a decision which you do not believe is consistent with the Municipal Welfare Guidelines or State Laws. To review this decision the Fair Hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the content of you welfare file prior to your hearing and present your case to the hearing officer, who will render a decision within seven (7) business days of the hearing.

I/We, _____ hereby request a Fair Hearing to review the decision dated _____ regarding my application for general assistance.

I/We want / do not want my current assistance to continue until my hearing has been decided. I understand that if I lose my hearing, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

Applicant Signature Date

Co-Applicant Signature Date

Address of Applicant(s)

Within seven (7) business days of receipt of this notice by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date, and time of the hearing.