

**Town of Boscawen**  
**REQUIRED VERIFICATIONS**

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**YOUR APPOINTMENT IS SCHEDULED FOR:** \_\_\_\_\_

You must provide the following verification/documentation at this appointment  
or assistance may be delayed or denied:

\_\_\_\_\_ Completed Application Form

\_\_\_\_\_ Rental Verification Form

\_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages

\_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due

\_\_\_\_\_ Employment verification form from your employer

\_\_\_\_\_ Employment termination form from your last employer

\_\_\_\_\_ You have applied for / are receiving Social Security benefits

\_\_\_\_\_ You have applied at the HHS District Office for:

Emergency Food Stamps

Food Stamps

TANF

Title XX Daycare

APTD/MA

OAA

TANF Emergency Assistance

\_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits

\_\_\_\_\_ Verification of injury or illness

\_\_\_\_\_ You have applied for / are receiving Unemployment Compensation

\_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)

\_\_\_\_\_ Vehicle registration

\_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks

\_\_\_\_\_ Statement child support payments received / Child support court order

\_\_\_\_\_ Statement from room-mate(s) regarding division of expenses

Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

\_\_\_\_\_  
Welfare Staff signature

\_\_\_\_\_  
Applicant signature



# Town of Boscawen

116 North Main Street, Boscawen, NH 03303 | Telephone: 603.753.9188 | Fax: 603.753.9184

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## Board of Selectmen

### Members

Mark E. Varney *Chair*

Roger W. Sanborn  
*Member*

Edward J. Cherian Jr.  
*Member*

Sarah Gerlack  
*Welfare Administrator*

## Application for Assistance

**FOR RENTAL ASSISTANCE:** You must contact the Health Officer, Kellee Jo Easler, at 603.753.9188, to schedule an inspection of your residence, for minimum housing standards (RSA 48-A) and the New Hampshire Life Safety Code. The inspection must be completed **PRIOR** to your scheduling an interview with the Welfare Office.

If you are requesting assistance from the Boscawen Welfare Department, you will need to fully complete the Application for Assistance. Please follow the directions below.

1. All adults in the household **MUST** sign all the forms and come to the interview unless working.
2. The Rental Verification form should be completed by the landlord.
3. Any recently unemployed adult living at this residence must have the employment termination form completed by previous employer and have unemployment benefit form completed by the unemployment office in Concord.
4. All disabled adult living at this residence not receiving Social Security disability benefits or APTD benefits must have the disability documentation form complete by their physician.

*The Town of Boscawen prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability, marital or family status. Boscawen is an equal opportunity employer.*

**TOWN OF BOSCAWEN  
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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____







**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 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/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, 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 165:1-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



**Town of Boscawen**  
**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