For those who are seeking assistance because of Covid-19

Through the CARES Act the Governor’s Office of Emergency Relief and Recovery (GOFERR) will provide funds for **back rents and utilities** which are to be disbursed through the **Community Action Program (CAP)** agencies with additional funding provided based on use and need.

The **New Hampshire Housing Relief Program** is designed to keep people from losing their housing and to secure and maintain permanent housing. The program can look at **past due rents starting from April 2020 forward** for household that fell behind as a result of Covid-19 loss of revenue.

If you are looking for assistance for rent and/or utilities due to Covid-19 loss of revenue you must first contact your Belknap-Merrimack County CAP office at 225-6880 to see about applying for the New Hampshire Housing Relief Program before applying for assistance from the Town of Pembroke.

Should you still need to apply to the Town for welfare assistance, you will need to provide verification that you have applied for the New Hampshire Housing Relief Program and their decision. You will also need to provide verification of all income, expenses and bank statements going back to the month prior to that for which you are seeking assistance. Eligibility for town assistance will still be determined by your income versus your allowable expenses.
Before completing the Application for Assistance, please carefully read the **Welfare Assistance Information**. This will explain what local welfare can do and who should apply for those services.

It is also important that you read all of the cover page entitled **This Application is a Legal Document** which outlines your rights and responsibilities as an applicant.

It is important to note that a **co-applicant** is either a spouse or a biological parent of a child(ren) living in the household. All other adults (18 years and over) should file a separate application for assistance.

**Do Not submit an Application for Assistance without first making sure you have all the required verification you will need for the Welfare Director to make a determination on your eligibility.**

**The Verification Needed When Applying for Welfare Assistance** details what verification you will need to provide. Failure to provide all needed verification could result in denial of assistance.

If you have any questions or concerns about the application or the verification needed please feel free to call the Welfare Director between 9 a.m. and noon, Monday thru Friday.

Once your application is reviewed and processed you will be notified of your next step.

Muriel Previe, Welfare Director

485-4747 ext. 204
**What is Pembroke Welfare (General Assistance)?**
Pembroke Welfare is the local welfare office for the Town of Pembroke. Every town and city in New Hampshire has someone appointed or elected to administer local welfare. Please note that when you hear “Suncook” it may refer to an Allenstown address rather than a Pembroke address. The Town of Allenstown has its own Welfare Department. The funding for local welfare is from the property taxes in that particular town or city. Local welfare offices do not receive funding from the state or federal government.

**What does Pembroke Welfare provide?**
We provide short term, interim, emergency assistance for eligible individuals and families with basic needs who are unable to provide for themselves. Basic needs typically include shelter, food, prescriptions, current month’s rent, current month’s utilities and, during the winter months (October through March), current month’s gas, oil or propane. Assistance is issued in the form of vouchers paid directly to a vendor. We do not provide cash assistance. Applicants are also required to apply to other agencies or programs that may help to meet these needs.

**How do I apply for Pembroke Welfare:**
All information on applying for assistance is listed on the Town of Pembroke Welfare Department website, including the welfare application, verification required and various forms needed. Once you have **all** verification needed and your Welfare Application is complete (blanks or lines drawn thru a section will be be considered an incomplete application) you may drop off your packet at the Pembroke Town Hall. Once your application is processed you will be notified as to your next step.

**What information will I need?**
Please read carefully the two pages listing Verification Needed When Applying for Welfare Assistance. These include proof of income, assets and expenses, identification for all those applying, proof of application status with other agencies, landlord verification forms, job search forms if you are unemployed or working part time, and various other verification depending on your current situation. You will be notified if additional verification is needed.
How long is the application process?
Once you have submitted your Welfare Application and required verification the Welfare Director will process your paperwork and notify you within five (5) business days as to the determination of eligibility. By law (RSA 165) you will receive a written Notice of Decision and, if determined eligible, a voucher for assistance will be issued to the vendor. If more information is needed in order to make a determination, you will be given a written notice which will list the information needed within seven (7) business days. If ineligible, you will be issued a written Notice of Decision at that time.

How to I apply for food stamps, Medicaid, TANF or child care assistance?
Programs such as food stamps, Temporary Assistance to Needy Families (TANF), Medicaid, childcare and child support are not administered by local welfare programs. You must apply for these program through the Department of Health and Human Services. To apply, or if you have any questions about your status with any of these programs go online at http://www.dhhs.state.nh.us for more information on these programs.

How do I apply for fuel assistance and the Electric Assistance Programs?
Both of those programs are administered by the Community Action Program (CAP). The Suncook CAP Office is located at 15 Glass Street, Pembroke, N.H. Their phone number is 495-7824. Please call them to find out what verification you need to provide and to schedule an appointment.

How do I apply for housing or a security deposit?
We do not find housing for applicants but we can provide you with a list of landlords, rooming houses, housing agencies and shelter to help you with your search. Or, you can call 211 for a list. We also have information on programs that will help you with a security deposit. If you are already in housing or have located housing, you may apply for first month’s rent as outlined in the application process.
Verification Needed When Applying for Welfare Assistance

This information is required from every adult applying for assistance. Other verification might be needed depending on your circumstances. Please note that a co-applicant is a spouse or the other parent of children living in the same household. If there is another adult in the household in need of assistance, they must complete a separate Welfare Application and provide the verification listed below.

**Income** – All household income for the last 4 weeks. (You may be required to provide verification for a longer period of time if assistance requested goes back further.)

**Assets:**

- Verification of any real estate you own. This includes mobile homes, land, and summer camps. If assistance is provided, a Welfare Lien will be placed on all real property.
- **Registration on all vehicles:** This includes cars, boats, trailers, RVs, motorcycles, snowmobiles, etc. (These can be liquidated for cash.)

**Expenses** – Receipts from any bills paid in the last 4 weeks. They may not be allowable expenses but it will show where your money was spent.

- Also, your current month’s electric and heating bills (whether paid or not) and any disconnect notices or payment arrangement letters.

**Resources** - Bank Accounts – printout of current balance and activity for last 30 days of checking, savings, credit union cards. Verification of stocks, bonds, trust funds, insurance policies with cash value, or proof of any other items which can be liquidated for cash such as 401K or a retirement fund of any type, etc.

**Income Tax Verification** – A copy of last year’s Income Tax filing. If you received a refund, date received and verification of where you spent the money. If you have not filed yet, you must do so and provide verification you have done so.

**Property Owner Forms** – The landlord (property owner or property manager) must complete the forms in the Property Owner forms. **Do Not fill in any of this information yourself.** Those forms may be faxed Attention Welfare Director.

**Other Agencies** – You are required to apply for any other assistance you may be eligible for and provide proof you are either receiving such assistance or have applied for it.

- **State Welfare:** Food Stamps, TANF, Child Support and Title XX Daycare (if you have children), Medicaid, APTD, OA, ANB
- **Community Action Program:** Fuel Assistance during winter months. If fuel assistance was not received in last 12 months, Neighbor Helping Neighbor. - **Electric Assistance Program (EAP):** Help with monthly electric bills.
• **Social Security**: Verification you are receiving or have applied for Social Security Disability if you are unable to work and will not be able to in the future. - If you are unable to work you must provide a **Physician’s Letter** as provided in the upper left hand corner of the Welfare Department page. Only fill in the top part of the form. Your doctor must complete the information requested part.

**Family financial Reports From Parents/Guardians and Adult Children** Under RSA 165 parents, stepparents, sons, daughters, husbands and wives are liable to provide a reasonable subsistence compatible with decency and health. There is no age limit in NH. A Family Financial Report found in the upper left hand of the Welfare Department page must be provided by all liable relatives. (Exceptions may be made with Welfare Director’s approval.)

**ID’s** - Please provide a picture ID, birth certificate or Social Security Card for applicant (& co-applicant*), a birth certificate and social security or medical card for each child living in household (even part of the time). If you are applying together as a married couple, a copy of your marriage certificate.

**Job Search Forms:**

If you are physically and mentally able to work, you **MUST** do 20 job contacts per week and bring in written verification of your job search. (Job Search Forms are found in the upper left hand of the Welfare Department site.) These forms must be filled out with all required information. **Should you get hired, an Employment Verification Form needs to be provided.**

**Welfare Work Program:**

Recipients of town assistance are required to reimburse the Town of all assistance provided. This may be in the form of labor, usually 4 hours per day, at a site designated by the Welfare Director. The amount of said labor will be deducted from the balance of assistance received.

**When you have all your verification, call for an appointment. Do not submit anything without first calling. If you have any questions please call.**

Muriel Previe, Welfare Director

485-4747 ext. 204
THIS APPLICATION IS A LEGAL DOCUMENT

Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material become the property of the TOWN OF PEMBROKE and shall be considered confidential.

It shall be the right of any individual regardless of race, age, gender, sexual orientation, religious or political affiliation to apply for local welfare assistance.

Each application will be reviewed with the applicant in order to make a determination regarding the applicant’s eligibility for assistance. If the applicant does not agree with the decision of the Welfare Director regarding the determination of eligibility based on the current Welfare Guidelines of the TOWN OF PEMBROKE, the applicant may request a Fair Hearing within five (5) days of the date of such written decision.

YOU, THE APPLICANT, ARE RESPONSIBLE AT EACH APPOINTMENT FOR PROVIDING FULL AND ACCURATE INFORMATION REGARDING YOUR HOUSEHOLD INCOME AND EXPENSES, HOUSEHOLD MEMBERS, CURRENT ADDRESS, DETAILS OF YOUR CURRENT SITUATION AND ANY CHANGES IN REGARDS TO THIS INFORMATION.

All questions must be answered fully. Failure to complete any part of this application may delay processing the request for assistance. Blank spaces will be considered an omission of information. Applicants must comply with any requests for information by the Welfare Director necessary for determination and investigation of applicant’s eligibility for assistance. Failure to comply with requests may result in withdrawal of the application for assistance, denial of assistance requested, or suspension pursuant to RSA 165:1-b.

* If a question on this form is unclear to you, discuss it with the welfare official.
APPLICATION FOR ASSISTANCE

Date of Application ___________ Referred By ____________________________

Assistance Requested __________________________________________________

Reasons for Request __________________________________________________

1. General Information

Applicant

Name: ___________________________ Date of Birth: __________

Current Address ______________________________________________________

Mailing Address, if different _____________________________________________

Home Phone _____________ Rent or Own? ___ How long at this address? ______

Type of Housing: _ House _ Apt _ Mobile Home _ Other: ____________________

Household Composition: # 18 & Over ___ # under 18 ___ # of Bedrooms ___

If at current address less than 12 months, list past 12 month’s addresses:

Street ____________________________ Town/City ____________________________

State ____________________________ Dates of Residence ______________________

_________________________________________ ____________________________

_________________________________________ ____________________________

Cell Phone: ___________ Work Phone: ___________ Social Security# ________

E-Mail Address: ________________________________ Marital Status: ______

Education: _ High School Diploma _ Less than HS Diploma _ GED _ Some College

_ 2 Year Associates _ 4 Year Bachelor _ Graduate Studies

Citizenship: _ United States _ Other: ________________________________

Ethnicity: _ White/Caucasian _ Other: ________________________________

Special Training/Skills: ______________________________________________

Currently employed? _ Full Time _ Part Time _ Self Employed _ Unemployed

Have you applied for local assistance before? _ Yes _ No When? __________

Where? __________________________________________________ Under What Name? ____________________

Actively serving in the U.S. Military? _ Yes _ No If YES, Branch __________

U.S. Veteran? _ Yes _ No Discharge Date: Month ____ Year ___

Discharge Status: _ Honorable _ Dishonorable _ Other

Do you have Medicare or Medicaid? (circle one) ID Number: ______________

Other Insurance: ___________________________________________ EBT Card # ____________

Application for Assistance (5/22/2014)
### Spouse/Co-Applicant

Name: ___________________________ Date of Birth: ________

Cell Phone: __________ Work Phone: __________ Social Security# ______

E-Mail Address: ________________________________ Marital Status: ______

Education: _ High School Diploma _ Less than HS Diploma _ GED _ Some College
 _ 2 Year Associates _ 4 Year Bachelor _ Graduate Studies

Citizenship: _ United States _ Other: __________________________

Ethnicity: _ White/Caucasian _ Other: __________________________

Special Training/Skills: __________________________

Currently employed? _ Full Time _ Part Time _ Self Employed _ Unemployed

Have you applied for local assistance before? _ Yes _ No When? __________

Where? __________________________ Under What Name? __________________________

Actively serving in the U.S. Military? _ Yes _ No If YES, Branch ______

U.S. Veteran? _ Yes _ No Discharge Date: Month ___ Year ___

Discharge Status: _ Honorable _ Dishonorable _ Other

Do you have Medicare or Medicaid? (circle one) ID Number: __________

Other Insurance: __________________________ EBT Card # ______________________

### Other Household Members: List all persons living in your household

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relation</th>
<th>Birth Date</th>
<th>Social Security #</th>
<th>Health Insurance</th>
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</table>

If children listed have a biological parent not residing with you, list information on each child's biological parent. (Do not list yourself under Parent's Name)

<table>
<thead>
<tr>
<th>Parent's Full Name</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Social Security #</th>
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</table>
2. Employment History

Applicant

Employer __________________________ Position __________________________
Date you started work: ______ Date & Amount of last paycheck: _____________
Pay Period Frequency: _ Daily _ Weekly _ Bi-Weekly _ Monthly _ Quarterly
If you are currently unemployed, state reason: _____________________________

Former Employer __________________________ Position __________________________
Date last worked: ______ Date & Amount of last paycheck: ____________________
Are you able to work now? _ Yes _ No If NO, why not? _______________________
List two most recent jobs before current:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Pay</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
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</table>

Spouse/Co-Applicant

Employer __________________________ Position __________________________
Date you started work: ______ Date & Amount of last paycheck: _____________
Pay Period Frequency: _ Daily _ Weekly _ Bi-Weekly _ Monthly _ Quarterly
If you are currently unemployed, state reason: _____________________________

Former Employer __________________________ Position __________________________
Date last worked: ______ Date & Amount of last paycheck: ____________________
Are you able to work now? _ Yes _ No If NO, why not? _______________________
List two most recent jobs before current:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Pay</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
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</table>

Work History for Other Household Members over 18: List two most recent jobs

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<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Pay</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
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</table>
3. Housing Information

Rent $ ______ per (month/week) Date last paid ______ Date Due ______
Currently have: _ Demand for Rent/Notice to Quit _ Landlord/Tenant Writ
Total Rent Owed _________________
Do you have a housing subsidy? _ Yes _ No If YES, how much? ____________
Utilities Included: _ Heat _ Electric _ Gas _ Water/Sewer _ Other ______
LANDLORD: Name ______________________________ Telephone _____________
Address ______________________________

IF HOME-OWNER:

Mortgage Payment: ________ Date last paid ________ Date Due ________
Bank/Mortgage Co ______________________________ Telephone _____________
Address ______________________________

4. Household Assets

Do you have a foreclosure notice? _ Yes _ No
Provide account information & current balances held by all household members:

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Bank/Credit Union</th>
<th>Savings Acct. #</th>
<th>Savings Balance</th>
<th>Checking Acct. #</th>
<th>Checking Balance</th>
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</table>

Provide current value of the following assets held by all household members:

Asset Value Household Member
Cash on Hand (household combined) __________ ______________________________
Certificates of Deposit (CDs) __________ ______________________________
Retirement __________ ______________________________
401K __________ ______________________________
Life Insurance (Cash Value) __________ ______________________________
Investments __________ ______________________________
Time Share __________ ______________________________
Real Estate __________ ______________________________

List Properties and Locations (other than primary residence): ______________________________
Motor vehicles owned by you and all household members:

<table>
<thead>
<tr>
<th>Owner</th>
<th>Auto Make/Model</th>
<th>Year</th>
<th>Value</th>
<th>Payments</th>
<th>Insurance</th>
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</table>

5. Claims/Settlements/Income due to you or any household member

IRS Refund:_______ Date Rec:_______ Insurance Claim:_______ Date Rec:_______

Retroactive disability check:_______ Date Rec:_______

Retroactive Unemployment or Worker's Compensation check:_______ Date Rec:_______

Inheritance:_______ Date Rec:_______

Other Lump Sum Payment (explain):__________________________________________

Do you currently have an attorney pursuing any civil suit, workers compensation claim, a social security denial, etc?  _Yes_ _No_  If YES, complete the following, and briefly explain the details of the situation:

Attorney Name __________________________________________ Phone number __________

Address __________________________________________________

6. Household Income/Benefits

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

<table>
<thead>
<tr>
<th>Income:</th>
<th>Household Member</th>
<th>Amount</th>
<th>Date Last Received</th>
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<tbody>
<tr>
<td>ANB (Aid to the Needy Blind)</td>
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<tr>
<td>APTD (Aid to Perm/Totally Disabled)</td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Charities/Churches</td>
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<tr>
<td>Disability (STDA/LTDA - Work)</td>
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<tr>
<td>Gifts/Loans</td>
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<tr>
<td>Income Tax Refund</td>
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<tr>
<td>Maternity Pay/Benefits</td>
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<tr>
<td>OAA (Old Age Assistance)</td>
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<tr>
<td>Retirement Benefit</td>
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<tr>
<td>Income (continued):</td>
<td>Household Member</td>
<td>Amount</td>
<td>Date Last Received</td>
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<tr>
<td>Severance Pay</td>
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<tr>
<td>Social Security (Retirement)</td>
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<td>SSDI (SS Disability)</td>
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<td>SSI (Supplemental Security)</td>
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<td>TANF</td>
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<tr>
<td>Unemployment (DES)</td>
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<td>Veteran's Pension</td>
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<td>Worker's Compensation</td>
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<td>Other:</td>
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<td>Other:</td>
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**Benefits:**

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<tr>
<th>Benefits:</th>
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<tbody>
<tr>
<td>Child Care Assistance</td>
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<td>Food Stamps</td>
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<td>Fuel Assistance</td>
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<td>Medicaid</td>
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<tr>
<td>WIC (Women/Infants/Children)</td>
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<td>Other:</td>
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<td>Other:</td>
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Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

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<thead>
<tr>
<th>Name</th>
<th>Agency Name and Phone#</th>
<th>Contact Person</th>
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7. Household Expenses
List actual or estimated regular expenses. (Not all expenses are allowable to be included in you eligibility determination, but all should be listed to show your financial situation.)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly Expense</th>
<th>Any Amounts Past Due</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Auto Fuel</td>
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<td>Auto Insurance</td>
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<tr>
<td>Auto Loan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Registration/Inspection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Repairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condo Assoc Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Paid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapers/wipes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Driver's License</td>
<td></td>
<td></td>
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<tr>
<td>Electric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Fees/Fines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loan (Used for ____________)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil Heat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propane (Used for ___________)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural Gas (Used for ________)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Repairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home/Renter Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriptions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent (Including ____________)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Expenses (Continued) | Monthly Expense | Amounts Past Due | Comments
---|---|---|---
Rent - Option to Own | | | 
Rent - MH Lot | | | 
Storage Unit | | | 
Taxes (Income/Property) | | | 
Telephone (Landline/Cell) | | | 
Telephone (Cable/Internet) | | | 
Transportation (Bus/Cab) | | | 
Water/Sewer Bill | | | 
Other: | | | 
Other: | | | 
Other: | | | 
Other: | | | 

8. Extended Payment Arrangements

Do you or any household members currently have an EXTENDED PAYMENT ARRANGEMENT with an electric or fuel company? _Yes_ _No_ If YES, complete the following:

<table>
<thead>
<tr>
<th>Utility Company Name</th>
<th>Amount</th>
<th>(Circle one) weekly biweekly monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$______</td>
<td>(Circle one) weekly biweekly monthly</td>
</tr>
<tr>
<td></td>
<td>$______</td>
<td>(Circle one) weekly biweekly monthly</td>
</tr>
<tr>
<td></td>
<td>$______</td>
<td>(Circle one) weekly biweekly monthly</td>
</tr>
<tr>
<td></td>
<td>$______</td>
<td>(Circle one) weekly biweekly monthly</td>
</tr>
</tbody>
</table>

9. Other Assistance

Has any other organization(s) or individual helped you pay any of your bills in the last four (4) weeks? _Yes_ _No_ If YES, complete the following:

<table>
<thead>
<tr>
<th>Organization/Individual's Name</th>
<th>Bill Paid</th>
<th>Amount</th>
<th>Date Assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$______</td>
<td></td>
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<tr>
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<td>$______</td>
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<td>$______</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$______</td>
<td></td>
</tr>
</tbody>
</table>
10. Criminal Information

Have you or any member of your household ever been convicted of a felony or misdemeanor which has not been annulled?  _ Yes  _ No
If YES, complete the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Town/City/State</th>
<th>Detail of Conviction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you or household member presently on parole or probation?  _ Yes  _ No
If YES, complete the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Court</th>
<th>Parole/Probation Officer Name &amp; Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Liability for Support Information

Parents/step-parents, spouse or grown children may be called upon to assist in time of need. Provide the following information:

<table>
<thead>
<tr>
<th>APPLICANT:</th>
<th>Name</th>
<th>Address</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse, if not living with you:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO-APPLICANT:</th>
<th>Name</th>
<th>Address</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse, if not living with you:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adult Children:

List name, address and phone # of any adult children not living with you:

______________________________
______________________________
12. 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 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)

I understand that my parents/step-parents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves. (RSA 165:19)

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)

Authorization to Release or Exchange Information *

I/ We authorize any relative, physician, attorney, banker, employer, insurance company, landlord/shelter staff or any other person(s) or organization(s) having information concerning my circumstances to furnish such information to the TOWN OF PEMBROKE Welfare Director. The Social Security Administration, the Division of Health & Human Services and the Department of Employment Security may release information in their files to this office. I/ we authorize the TOWN OF PEMBROKE Welfare Department to release information as requested to the Division of Health & Human Services, Social Security Administration, Department of Employment Security, school personnel, attorney, physician, landlord, other town welfare offices, or any agencies providing supportive services regarding medical, housing/shelter, or financial assistance.

Applicant

Print Name

Signature:________________________________________________________

Date:________________________________________________________

Signature of person completing form (if not the applicant)

Co-Applicant

Print Name

Signature:________________________________________________________

Date:________________________________________________________

* The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the TOWN OF PEMBROKE Welfare Director or up to six (6) months after assistance has ended.
TOWN OF PEMBROKE
PROMISSORY NOTE

I, ___________________________, for consideration received, promise to pay to the Town of Pembroke the amount of assistance this date, plus any and all past assistance if such was received, and any and all future assistance received from the Town of Pembroke.

This reimbursement will be made from any retroactive federal or state benefits, Workman's Compensation Benefits, Income Tax Returns, or any other court settlements received or from future federal or state benefits received no later than 10 days after I receive such benefits. If no such benefits are received, I understand that I am liable to reimburse the Town in Pembroke in full by making regular monthly reimbursement payments as set forth by the Town of Pembroke once I return to an income status.

I understand that if I fail to make these payments without just cause, the Town of Pembroke could take legal action to recover payment in full of all general assistance given to me. I also understand that failure to make these reimbursement payments could render me ineligible for any future general assistance from the Town of Pembroke.

Signed: ___________________________ Date: __________________

Promissor

Witness: ___________________________ Date: __________________
Family Financial Forms

One form to be completed by each liable family member

Please make as many copies of these forms as you need.
To be completed by liable family members

Town of Pembroke Welfare Department
311 Pembroke Street, Pembroke, NH 03275

FAMILY FINANCIAL RESPONSIBILITY

In accordance with NHRSA 165:19 (stated below) family members are required to assist in the support of welfare applicants as they are deemed eligible to do so. **One form must be completed by every liable family member.**

In order to determine your ability to assist, we ask that you complete the following “Family Financial Report”, have it notarized and, return it to the welfare applicant or mail or FAX it (485-3967) to the Welfare Director in time for their eligibility determination.

If you are already providing financial assistance to the applicant, please indicate on the blank side of the form how often and how much assistance you are providing and what the assistance is for.

Thank you for your assistance in this matter.

165:19 Liability for Support. – 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. If a poor person has no relation of sufficient ability, the town or city in which he resides shall be liable for his support.

TO BE COMPLETED BY APPLICABLE FAMILY MEMBER

Town of Pembroke Welfare Department
Family Financial Report
This report will be kept strictly confidential

Date: ____________________________
Your Name(s): ____________________________ Both Husband & Wife if applicable
Relationship to Applicant: ____________________________
Address: ____________________________ Street ____________________________ City ____________________________ State
Occupation of Husband: ____________________________
Place of Employment: ____________________________
Monthly Gross Income of Husband: ____________________________
Occupation of Wife: ____________________________
Place of Employment: ____________________________
Monthly Gross Income of Wife: ____________________________
Number of Children at home under age of 18: ____________________________

Other Family Income:
Social Security (of any form): $ _____ Business Income: $ _____
Public Assistance: $ _____ Property Rent: $ _____
Veterans Benefits: $ _____ Value of Retirement Funds,
Retirement Pension: $ _____ CDs, etc. that can be used to assist: $ _____
Other (specify): $ _____

Monthly Expenses Above the Normal Cost of Living: (please explain)
$ ____________________________
$ ____________________________

I/We ____________________________
Under penalties of perjury, attest that the information contained in this document is true to the best of my/our knowledge and belief.

Signed: ____________________________

***THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC***

Notary Public: ____________________________ My Commission Expires: ____________________________
Property Owner/Manager Rental Verification Forms

Forms must be filled out completely by landlord. Do not even put your name on it.

Acceptance of Allowable Rental Expense and Eviction Notice Forms only need to be completed if applicable. Disregard if they do not apply.

If a tenant is eligible for assistance, the Town typically pays current month only and that rent must be within our allowable rental expense.
These forms must be completed by the property owner/property manager only. Do Not even write your name on them.

Town of Pembroke Welfare Department

Dear Property Owner: - Please read carefully

Please complete the Property Owner Verification Form and the W9 Form for your tenant(s) who has applied for General Assistance from the town. Completion of these forms is necessary to verify residency and occupancy and is required for anyone applying for assistance from the Town.

Per RSA 153:10-a and Town of Pembroke Welfare Guidelines, all rental properties must be in compliance with the life safety and fire codes. Rent will not be paid at any structure that is in violation of those codes.

During this Covid-19 crisis it is the property owner's responsibility to insure that there are working smoke detectors on every level and outside of every sleeping area and a working Carbon Monoxide Detector outside the sleeping area.

Please complete the form below and Fax it along with the completed Property Owner Verification Form and the W9 Form to 485-3967 - Attention Muriel Previe:

--------------------------------------------------------------------------------------------------------------------------------- 

I do hereby attest that, within the past 30 days, I have tested and verify that there are working smoke detectors on every level and outside every sleeping area and a working Carbon Monoxide Detector outside the sleeping area at the rental unit listed below:

Address of Rental: ____________________________________________________________

______________________________________________

Owner/Agent Signature: ________________________________________________

Please Print Your Name: ________________________________________________

Date: __________________________
PROPERTY OWNER VERIFICATION FORM

This form must be completed by the property owner or agent in its entirety or it will not be accepted as valid.

Name(s) on Lease: ________________________________

All other household Members: ________________________________

Address of Rental: ________________________________

Rental Amount: $_________ Per: _ Month _ Week _ Bi-Weekly Date Due:________

Security Amount: $_________

Paid By: _ Check _ Cash _ Money Order _ Sec Dep Loan Program

Does tenant pay full amount of rent? Yes _ No _ (circle one) If NO, please specify:

Rental Subsidy from ___________________________ for $_________ Tenant's Share: $_________

Date of Occupancy: ________ Date Rent Last Paid: ________ Amount Paid: $________

Current Rent Due: $_________ 
Past Rent Due: $_________

Indicate any utilities included in rental amount __ Heat __ Gas __ Electric __ Hot Water Only __ Water

Damage/Late/
Legal Fees: $_________ Unit Type:

__ Room __ Apt __ Home __ Other # of bedrooms: __

Total Due: $_________ Is tenant currently under eviction? Yes _ No _ (circle one)

Number of Notices to Quit/Demands for Rent issued in the last 12 months: ___

Property Owner(s) Name: ________________________________

Address: ______________________________________ Phone: ______________________

OR...If this property is managed by an authorized Business or Agency, please complete the following:

Business/Agency Name: ________________________________

Address: ______________________________________ Phone: ______________________

Contact Name: ________________________________ Fax: ______________________

Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.

**YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION**

Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business/agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Property Owner/Authorized Agent __________________________ Date __________ Phone __________

E-mail Address (Optional): __________________________________________
W-9
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):  □ Individual/sole proprietor  □ C Corporation  □ S Corporation  □ Partnership  □ Trust/estate

□ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Exempt payee

□ Other (see instructions) ▶

Address (number, street, and apt. or route no.)

City, state, and ZIP code

Requester’s name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the “Name” line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 8.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
Town of Pembroke Welfare

Monthly Allowable Rental Expense

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Allowable Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$850</td>
</tr>
<tr>
<td>2</td>
<td>900 *</td>
</tr>
<tr>
<td>3</td>
<td>950</td>
</tr>
<tr>
<td>4</td>
<td>1000</td>
</tr>
<tr>
<td>5</td>
<td>1100</td>
</tr>
<tr>
<td>6</td>
<td>1200</td>
</tr>
</tbody>
</table>

* In certain instances the calculations for a single person may be used.

Property Owner Acceptance of Pembroke Allowable Rent Expense

I, ____________________________________________, the property owner of ____________________________

________________________________________________________

do hereby attest that should the Town of Pembroke make payments for my tenant(s),
(Name) ____________________________________________, residing at the above named
property, I will/will not (circle one) accept the Town’s Allowable Rent Expense as rental
payment in full during those months that the Town is assisting my tenants with rent.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC:

Property Owner’s Signature: ________________________________

Date: __________________

NOTARY:

Before Me,

_________________________________________ My Commission Expires: ____________________________

Notary Public
Eviction Notice or Landlord/Tenant Writ in Process

I, ____________________________________________, property owner of ______________________________

________________________________________________________,_

Do hereby attest that should the Town of Pembroke pay any portion of the rent for

_________________________________________________________, that the eviction process for

Tenant(s) Name(s)

the above mentioned tenant(s) will/ will not (circle one) be cancelled during the time that the Town of Pembroke is paying any portion of the monthly allowable rental expense for said tenant(s).

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature of Property Owner: ________________________________

Please PRINT your name clearly: ________________________________

Date: ________________________________

NOTARY:

Before Me,

_________________________________________________________________ My Commission Expires: ______________________

Notary Public
**Employment Work Search Form**

If not employed – complete 20 job searches per week. Make as many copies of this form as you need.

If you get hired, you’ll need to provide the Employment Verification Form. You can actually fill this form out yourself as long as the information is complete.

**Physician’s Letter**

If you are unable to work, you will need to have your doctor complete the Request for Medical Information form. The information requested on this form must be complete to be acceptable. You will also have to sign a Release of Information Form at your doctor’s office in case we need to contact him for further information.
**EMPLOYMENT CONTACT WORK SEARCH**

<table>
<thead>
<tr>
<th>DATE</th>
<th><strong>TYPE OF CONTACT</strong></th>
<th>COMPANY NAME AND ADDRESS</th>
<th>COMPANY PHONE#</th>
<th>CONTACT PERSON (Name/Title)</th>
<th>POSITION APPLIED FOR</th>
<th>INTERVIEW (Yes or No)</th>
<th><strong>SEARCH RESULTS</strong></th>
<th>CONTACT PERSON SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/1/2010</td>
<td>Telephone</td>
<td>A New Hampshire Company Main St, Concord</td>
<td>555-1212</td>
<td>Mr. Smith, Human Resource Manager</td>
<td>Salesperson</td>
<td>Yes</td>
<td>Hired</td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF CONTACT:** i.e. Visit, Telephone, Mail, Electronic

(If applying electronically, you must provide proof of submission.)

**SEARCH RESULTS:** i.e. Applied, Interviewed, Hired, Not Qualified

Under New Hampshire Law RSA 165:1-b and the TOWN OF PEMBROKE Welfare Department Guidelines, applicants for general assistance are required to diligently search for employment and accept said employment when offered. You are required to provide the TOWN OF PEMBROKE Welfare Department with an accurate and complete record of 20 employment opportunities by ___/___/_____. All sections of this form must be completed (see example above). Incomplete or illegible Contact Work Search forms will not be accepted as valid. The Welfare Department has the authorization to contact potential employers listed on this sheet for verification purposes. Providing false information shall result in suspension of assistance under RSA 165:1-b and may result in criminal charges.

Signature of this document signifies understanding of and consent to the above referenced laws/requirements.

Signature of Applicant ___________________________ Date ________________
Employment Verification Request

Dear Employer:

In order to determine assistance for __________________________
It is necessary to have the following verifications completed by you:

Employee's Name: __________________________________________

Date of Hire: ____________________________________________

Hourly Pay Rate: ______________ Number of Hours/Week: __________

Frequency of Pay (Circle One): Weekly  Bi-Weekly  Semi-Monthly  Monthly

Date First Paycheck Will Be Received: ____________________________

Estimated Net Amount of First Paycheck: ________________________

Name of Employer: __________________________________________

Address: ____________________________________________________

Phone Number: _____________________________________________

Signature & Title of Immediate Supervisor: ______________________

Date: __________________
REQUEST FOR MEDICAL INFORMATION

I, ____________________________, hereby authorize and request my physician to furnish such medical information concerning my circumstances to the TOWN OF PEMBROKE.

Signature: ____________________________ Date: __________

This form is to be completed by the physician or it shall not be accepted as valid.

APPLICANT/PATIENT INFORMATION

Name: ____________________________
Address: ____________________________
Birth Date: ____________________________
Diagnosis: ____________________________
Prognosis: ____________________________

PHYSICIAN INFORMATION

Name: ____________________________
Address: ____________________________
Telephone: ____________________________

Is patient able to work?  Yes  No  Period of Disability: ____________________________

Yes, with the following limitations: ____________________________

Does patient have another appointment scheduled?  Yes  No  Date & Time: ____________________________

Signature of Physician ____________________________ Date: ____________________________

OFFICIAL USE ONLY ____________________________ Date: ____________________________