



TOWN OF JACKSON

OFFICE OF THE SELECTMEN

FORM A - APPLICATION FOR ASSISTANCE

ASSISTANCE AVAILABLE:

FOOD, RENT, UTILITIES, PERSONAL NEEDS, MEDICAL (IF EMERGENCY)

Assistance Requested: _____

Reason for Request: _____

Expected Duration of Assistance: _____

APPLICANT GENERAL INFORMATION

Telephone #: _____

Date of Application: _____ Referred By: _____

Name: _____ SS #: _____

Address: _____

Birth Place: _____ Birth Date: _____ Age: _____

Marital Status : Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

If Married, When: Date: _____ Place: _____

If Divorced, When: Date: _____ Place: _____

Name of Spouse: _____ SS #: _____

Address: _____

Birth Place: _____ Birth Date: _____ Age: _____

MEMBERS OF HOUSEHOLD

Name S.S. Number D.O.B . Age Relationship

PRESENT AND PREVIOUS ADDRESS FOR THE PAST 3 YEARS:

Town or City Street From To

APPLICANT PARENTS:

Father _____ Mother _____
Address _____ Address _____
Employment _____ Employment _____

SPOUSES PARENTS:

Father _____ Mother _____
Address _____ Address _____
Employment _____ Employment _____

APPLICANT'S OTHER CHILDREN OUTSIDE OF HOUSEHOLD

Name Address Age Status # of children Employment

SPOUSE'S OTHER CHILDREN OUTSIDE OF HOUSEHOLD

Name Address Age Status # of children Employment

SERVICE RECORD

Veteran _____ Branch Dates Served _____

Honorable Discharge _____ Types of Benefits _____ Claim # _____

EDUCATION

School Address Dates Attended Last Grade Completed

Other schooling or job training: _____

APPLICANT'S WORK RECORD

Employer From /To Type of work Termination Earnings

Amount of Last Wages: _____ Date Received _____

SPOUSE'S WORK RECORD

Employer From /To Type of work Termination Earnings

Amount of Last Wages: _____ Date Received _____

OTHER SOURCES OF INCOME

	Yes	No	Amount	Remark
TANF, APTD, OAA				
SSI				
Social Security				
Pension (Specify)				
Workers Compensation				
Annuity or Trust Fund				
Income from Relatives or Boarders				
Unemployment Compensation				
Child Support				
Veterans Benefits				
Income Tax Refund or Rebate				
Other				

Have you ever received any kind of public assistance?

Source _____

When _____

Are you currently receiving food stamps? _____ If, yes, how much? _____

AVAILABLE ASSETS

Cash on Hand	Amount	
Checking Account	Bank	
Savings Account	Bank	
CD or IRA Accounts	Bank	

Motor Vehicle: Year _____ Make _____ (Amount of Payment) _____

Motor Vehicle: Year _____ Make _____ (Amount of Payment) _____

Recreational Vehicles _____

Property Other than Dwelling _____

Other _____

APPLICANT'S HOUSEHOLD EXPENSES

Rent/Mortgage Payment	Monthly Amount	
Food/Personal Needs	Monthly Amount	
Electricity	Monthly Amount	
Fuel Oil	Monthly Amount	
Telephone	Monthly Amount	
Health Insurance	Monthly Amount	
Car Insurance	Monthly Amount	
Car Gasoline	Monthly Amount	
Child Care	Monthly Amount	
Credit Cards	Monthly Amount	
Other		
Other		
Other		
Other		

Name of Landlord: _____

Address: _____

Date Rent Due: _____ Date Rent Last Paid: _____

Outstanding Bills: _____

APPLICANT'S 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 _____

I understand that I should repay the Town of Jackson for any assistance am given when am able to. I hereby affirm that all the information stated herein is true to the best of my knowledge and belief, and that all information I have provided in response to questions asked by the Welfare Official is also true and complete to the best of my knowledge and belief. I understand that I may have to provide documents and/or other forms of verification to prove the information asked on this application. 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 a criminal offense.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Signature of person completing form: _____ Date: _____
(if not applicant)

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I authorize and request any relative, physician, lawyer, banker, credit bureau, employer, insurance company, fraternal order, or any other person or organization having information concerning my eligibility for General Assistance to furnish such information to the Welfare Official. I hereby acknowledge the right of the Town of Jackson to conduct an investigation in an effort to substantiate the facts surrounding my eligibility for welfare assistance. I understand and give consent to this investigation, which may take place prior to, during, or subsequent to my receipt of welfare assistance. A photocopy of this signed release may be used in place of an original. (PLEASE SIGN NEXT PAGE)

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Signature of person completing form: _____ Date: _____
(if not applicant)

--NOTICE--

Any applicant or recipient, who is aggrieved by any decision relative to his/her claim for assistance, has the right to have their situation reviewed by the Fair Hearing Committee. You may do so at any time. An Application Form will be provided upon request. As required by law (RSA 165:28), the Town will place a lien on any real property owned by a recipient of General Assistance except for just cause. Such a lien will remain in effect during the recipient's lifetime or until the amount of General Assistance provided by the Town Welfare Department is repaid. Interest will accrue at 6% per annum after the first twelve months. The property does not need to be a primary residence of the recipient or located in Jackson for the Town to place a lien on it. The Town is also entitled to a lien for the amount of assistance granted to a recipient of General Assistance upon property passing under the terms of a will or by intestate succession, a property settlement or a civil judgment awarded for personal injuries. The Town is entitled to the lien only if the assistance was granted no more than 6 years before the receipt of the inheritance or award (RSA 165:28-a).