



Tel: (Enter Telephone)

1. General Information for the departed:

Date of Application.	Name of Fund	eral Home:	
Name:		Date of Birth:	
Including m	iddle initial & maiden name if applicable		
Address:		If different mailing	adduoss also
Telephone:	Social Security num		
Marital Status:	Rent or Own?	How long at this ac	dress?
Spouse		SS#	
	e as applicant)		
Why:Has the departed applied for			
	•		
	or local assistance in <i>any</i> city/town Where?		
When?	•		
When?	Where?living in the departed's home?		at name?
When? Full Na	Where?living in the departed's home?	Under wh Relationship	at name?
When? Full Na	Where?living in the departed's home?	Under wh Relationship	at name?

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Was the departed receiving benefits? How much? Dates served:	Have the departe	ed ever served in the military?		_ Veteran? _		
Bank Accounts?	Was the departed receiving benefits?		How m	uch?	Dates served: _	
Bank Accounts?	Branch:	Does the d	leparted have	an Honorable	Discharge?	
Provide information regarding accounts held by the departed and all immediate adult family members: Name Bank/Credit Union Acct.# Balance Acct.# Balance	Departed House	hold Assets:				
Name Bank/Credit Union	Bank Accounts?	☐ Yes ☐ No				
Name Bank/Credit Union Acet.# Balance Acct.# Balance Acct.# Balance Acct.# Balance Acct.# Acct.# Acct.# Balance Acct.# Balance Acct.#	Provide informat		•			
Any current value of assets held by the departed and all immediate family members?	<u>Name</u>	Bank/Credit Union	Acct.#	Balance	Acct.#	Balance
Any current value of assets held by the departed and all immediate family members?						
Cash on hand: (all household combined) Certificates of Deposit (CD's): Savings Bonds: Mutual Funds: Annuities: Stocks: Trust Funds: Retirement Funds: Insurance Policies: (cash value) 401K: Property other than primary residence: Location: Other Assets: (please list) Any claims/settlements due to the departed or any immediate family members? Yes No IRS Refund: Insurance Claim: Retroactive disability check: Retroactive Unemployment or Worker's Compensation Check: Inheritance: Other Lump Sum Payment: (explain) Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit? Yes No If yes, which family member?						
Savings Bonds: Mutual Funds: Annuities: Stocks: Trust Funds: Retirement Funds: Insurance Policies: (cash value) 401K: Property other than primary residence: Location: Other Assets: (please list) Any claims/settlements due to the departed or any immediate family members? Yes No IRS Refund: Insurance Claim: Retroactive disability check: Retroactive Unemployment or Worker's Compensation Check: Inheritance: Other Lump Sum Payment: (explain)						
Trust Funds: Retirement Funds: Insurance Policies: (cash value)						
Any claims/settlements due to the departed or any immediate family members? Any claims/settlements due to the departed or any immediate family members? No IRS Refund: Insurance Claim: Retroactive disability check: Retroactive Unemployment or Worker's Compensation Check: Inheritance: Other Lump Sum Payment: (explain) Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit? Yes No If yes, which family member?	Savings Bonds:	Mutual Funds	:	Annuiti	es: S	tocks:
Any claims/settlements due to the departed or any immediate family members? Yes No IRS Refund: Insurance Claim: Retroactive disability check: Retroactive Unemployment or Worker's Compensation Check: Inheritance: Other Lump Sum Payment: (explain) Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit?	Trust Funds:	Retirement Fu	nds:	Insuranc	ce Policies: (cash	value)
Any claims/settlements due to the departed or any immediate family members?	401K: Pro	operty other than primary resi	dence:		Location:	
IRS Refund: Insurance Claim: Retroactive disability check: Retroactive Unemployment or Worker's Compensation Check: Inheritance: Other Lump Sum Payment: (explain) Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit?	Other Assets: (pl	lease list)				
IRS Refund: Insurance Claim: Retroactive disability check: Retroactive Unemployment or Worker's Compensation Check: Inheritance: Other Lump Sum Payment: (explain) Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit?	Any alaims/satt	lamants due to the denauted	ov any imm	adiata family	mombous?	Vac No
Retroactive Unemployment or Worker's Compensation Check: Inheritance: Other Lump Sum Payment: (explain) Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit?	_	_	-	-		
Other Lump Sum Payment: (explain) Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit? Yes No If yes, which family member?						
Has the departed or any family members in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife consulted a lawyer regarding a possible lawsuit?						
daughter, husband or wife consulted a lawyer regarding a possible lawsuit?	Otner Lump Sun	n Payment: (explain)				
daughter, husband or wife consulted a lawyer regarding a possible lawsuit?						
daughter, husband or wife consulted a lawyer regarding a possible lawsuit?	Has the departe	ed or any family members in	ı the line of f	ather, mothe	r, stepfather, ster	mother, son,
If yes, which family member?	daughter, husba	and or wife consulted a lawy	ver regardin	g a possible la	wsuit?	∕es □ No
Please give details:						
	riease give detai	IIS:				
Lawyer: Name/Address/Phone number:	Lawren Name/	Addmagg/Dhama myymalaam				

ANB (Aid to the Needy Blind) APTD (Aid to the Permanent & Total Disabled Disability (Employer-short or long term) Gifts/Loans Medicaid Retirement Severance Pay Social Security (Retirement) SSDI (SS Disability) SSI (Supplemental Security) TANF Unemployment			
Disability (Employer-short or long term) Gifts/Loans Medicaid Retirement Severance Pay Social Security (Retirement) SSDI (SS Disability) SSI (Supplemental Security) TANF			
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SSDI (SS Disability) SSI (Supplemental Security) TANF		 	
SSI (Supplemental Security) TANF		 	
TANF			
Unamplayment		 	
Unemployment		 	
Veteran's Pension		 	
Worker's Compensation		 	
Other:		 	
Please provide the following is mother, stepfather, stepmother departed's household. RSA 16 Name	r, son, daughter, hi		

4. <u>Does the departed or any immediate family members have Unearned Income</u>? Yes No



I understand I may be required to provide financial information to determine immediate family members ability to assist with the need, in the line of father, mother, stepfather, stepmother, son, daughter, husband or wife, whether or not they reside in the departed's household. Should a relation refuse to render such financial information when requested, such person or persons could be summoned to appear in court for determination of ability to assist. RSA 165:19

I understand that immediate family members may be required to repay any assistance provided, if returned to an income status, and/or receive available financial resources, including income tax refund(s), which enables reimbursement without financial hardship. RSA 165:20-b.

I understand that if assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries (except any workers compensation settlement), received within six years of receiving municipal assistance. RSA 165:28-a.

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 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 immediate family 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 crimes of Unsworn Falsification RSA 641:3, Theft by Deception RSA 637:4 and/or Identity Fraud 638:27, which can result in imprisonment.

Signature of person completing form	Relationship to departed	



_____authorize any relative, physician, lawyer, banker, landlord, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to (Enter Your Town City), NH City Welfare. I/We also authorize the IRS, Social Security Administration, any State or County Division of Health & Human Services, Division of Children Youth and Families, Division of Adult & Elderly, NH Legal Assistance, City/Town Welfare Department, Homeless Shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to (Enter Your Town/City) City Welfare.

I also waive my right to privacy and confidentiality contained in my file and/or any information received by (Enter Your Town/City) Welfare and authorize to release such information to other agencies to the extent that such release is made to further my application for, or receipt of, assistance from that agency.

This authorization shall expire 180 days from the date it is signed.

Signature of person completing form	Relationship to departed	