



TOWN OF CONWAY

1634 EAST MAIN ST. • CTR. CONWAY, NEW HAMPSHIRE 03813

(603) 447-3811
WWW.CONWAYNH.ORG

General Assistance Application Instructions

This is a relief and maintenance program designed to assist Conway citizens with basic needs of survival such as shelter, heat, electricity, food, water and medication, when federal and state funded programs are not meeting needs. We are the financial means to a solution you create. We do not search for housing or pay car repairs or payments.

In this packet you will find:

- Application for general assistance;
- What to Bring verification list with instructions
- Be sure to pick up the **Notice Certification** and **Release of Information** packets if you do not plan to drop your application off in person.

You will be given the opportunity to discuss your application and ask questions before a final decision is made.

- **Be sure to collect verification and submit it with your application.**
- **Forms are available at Conway Public Library, Town Hall or conwaynh.org**
- **Eligibility determinations cannot be made without verification.**
- **Applications submitted without verification will be denied.**

1. Please answer all questions on the application. Do not leave any questions blank. **If a question does not apply to you, please write "none."**
2. If you need more space, please attach a separate piece of paper.
3. Unless specifically indicated, all questions apply to all members of the household.
4. All adults must sign the application. If more than two adults are in the household, use more than one application so there is adequate space for all parties to answer all questions.
5. Please complete all pages.

Decisions are generally made within **3-5 days** of receiving a completed application.



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Town of Conway General Assistance Application		
Today's date:		Referred by:
Request Type:		
Amount:		
Vendor:		
Reason?:		
Ever applied for town assistance before?		Where?
If denied, Why?		
General Information		
Question	Applicant	Co-Applicant
Full Name		
Date of Birth		
Social Security Number		
Physical Address:		
Mailing Address:		
Home Telephone:		
Cell Phone:		
Message Phone:		
Email:		
Other names used:		
Marital Status (circle one)	Married Divorced Separated Widowed Never married	Married Divorced Separated Widowed Never married
Please list additional household members here:		
Name	Relationship	Date of Birth/Social Security #
Housing		
If being evicted, have you found new housing?		
Applied for subsidized housing?		Applied for Section 8?
Contacted Homeless Outreach?		Applied for TANF EA?
Contacted 211 or shelters about shelter space?		
Do you feel physically and emotionally safe where you currently live?		
Are you now or have you been afraid of anyone you cohabitate with?		
Have you been in contact with AHEAD?		
Have you applied for Habitat for Humanity housing?		
Are you living in a group home?		

If you are homeless...		
Are you Homeless?		
Please describe:	Unsheltered Couch hopping W/friends W/parents Camping In car Traveling through town Institutional discharge	
If you rent		
Do you rent?	Rent amount?	Weekly/Monthly/ Other
Last Pd? Amt:	Due Date?	Amt. behind?
Section 8?	Other subsidy?	Lease?
Sec. Dep. Pd? Y / N	Amt. of Security Deposit?	How long lived there?
Utilities included? (circle) None Heat Electric Water/Sewer Gas Plowing Other		
Please circle if you have: Written demand for rent Eviction notice Tenant Writ		
If you have a court date, when is it?		Attorney?
Landlord name and phone number?		
Payment arrangements?		
If you own		
Bank/Mortgage company?		
Property Address:		
Account #:		
Mortgage Amt.		Insurance and taxes included?
Last Pd?	Amt paid:	Due Date: Risk of Forclosure?
Liens?	Please explain:	
New Housing		
Have you found a new rental?		
How much is the monthly rent?		Deposit?
Pet deposit?	Heat deposit?	Electricity deposit?
Utilities included? (circle) None Heat Electric Water/Sewer Gas Plowing Other		
Have you moved in yet?		When can you move in?
Is there lot rent?		
Landlord name:		Phone:
Property manager name:		Phone:
Can you make payment arrangements for the security deposit?		
How will you afford to pay the rent?		

Employment: Please list current and last 3 employers for yourself and all members of the household:		
Question	Applicant	Co-Applicant
Employer Name		
Employer Mailing Address		
Employer Phone		
Direct Supervisor Name		
Date started work		
Date last worked		
Amount of most recent check		
What day of the week do you receive your check?		
Paid weekly, biweekly...?		
Bonuses/commission?		
Vacation /Sick Time?		
Deductions? Ex Child Support or loans from Employer?		
Question	Applicant	Co-Applicant
Employer Name		
Employer Mailing Address		
Employer Phone		
Direct Supervisor Name		
Date started work		
Date last worked		
Amount of most recent check		
What day of the week do you receive your check?		
Paid weekly, biweekly...?		
Bonuses/commission?		
Vacation /Sick Time?		
Deductions? Ex Child Support or loans from Employer?		

Please list last 3 employers for yourself and all members of the household:		
Question	Applicant	Co-Applicant
Employer		
How long did you work there?		
Ave weekly wage?		
Reason for leaving?		
Question	Applicant	Co-Applicant
Employer		
How long did you work there?		
Ave weekly wage?		
Reason for leaving?		
Employer		
How long did you work there?		
Ave weekly wage?		
Reason for leaving?		
Please complete for all household members who are not employed.		
Question	Applicant	Coapplicant
Reason for Unemployment?		
Former Employer Name?		
Former Employer Address?		
Date last worked?		
Date your last check was received?		
If within last 30 days, amount received?		
Able to work now?		
If no, have a doctor's note?		
If yes, have you applied for Unemployment Compensation?		
Applied for Worker's Compensation?		
Applied for Aid to Permanently and Totally Disabled?		
Applied for SSI & SSDI?		
Private Disability insurance?		
on now?		
Are you having trouble finding work? Why?		

This is to help us help you with employment needs. Please complete for all adult members of the household. For additional household members, print additional sheet or use back of this page.		
Question	Applicant	Co-Applicant
Last grade completed?		
GED/Diploma/Degree/Cert?		
Are you in school now?		
If so, please indicate Highschool, college, summer school, certificate program?...		
Full time or part time?		
NHEP or other work program?		
Vocational training?		
Interested in Job Corps?		
Interested in Military?		
Occupational licenses?		
Working with Department of Adult Learning and Rehab?		
WIA participant?		
Federal Bonding Program participant?		
Do you have work references?		
Child care?		
Transportation		
Question	Applicant	Co-Applicant
Do you have a vehicle?		
Valid Driver's license?		
Registration due date?		
Is it inspected?		
Estimated cost to repair?		
Model / year		
Value		
Use bicycle?		
Public transportation?		
Receive reimbursement?		
Carpool?		

Please complete for all military households.		
Question	Applicant	Co-Applicant
Have you ever served in the military?		
Dates of service?		
Discharge type?		
Have you applied for service connected disability?		
Dependent/spouse/surviving spouse of a US Veteran?		
Eligible for benefits through Veteran's Administration?		
Affiliated with local VA clinic?		
Serve at a time of war? If so when and what war?		
Have you applied or do you receive any Veteran affiliated exemptions or credits?		
If yes, please list here.		
<p>Criminal History can affect your ability to secure and retain employment, where you can and cannot go, who you can be around, housing options and more. Your history does not matter in terms of your eligibility for town assistance, however, it is considered when making referrals. Please complete the following:</p>		
Question	Applicant	Co-applicant
Criminal History?		
If yes, have you been convicted of a felony that wasn't annulled?		
If yes, when?		
What felony?		
What county was it in?		
Town/City of conviction?		
On Parole?		
On Probation?		
Name of officer?		
Phone number?		
Fee per visit?		
Cost containment fees?		
Fines to pay?		
Community Service?		
Pending charges?		
Violent crime?		
Restraining order...etc.?		

Lawsuits		
Question	Applicant	Co-applicant
Lawsuit pending?		
Type of Lawsuit?		
Lawyer's name?		
Address?		
Phone number?		
Status?		
Assets/Resources: Please write No or write the amount received		
Question	Applicant	Co-Applicant
Do you have a savings acct?		
Name of Bank		
Account number		
Balance?		
Other names on acct?		
Do you have a checking acct?		
Name of Bank		
Account number		
Balance		
Other names on acct		
Cash on hand		
Certificates of Deposit		
Savings Bonds		
Mutual Funds		
Insurance Policies? (cash value)		
Property other than primary residence		
Other investments?		
Motorcycle/ATV/Boats		
Annuities		
Stocks		
Trust Funds		
Retirement		
IRS Refund		
Retroactive Unemployment		
Retroactive Disability		
Worker's Compensation		
Inheritance		
Other lump sum		
Receive Child Support		
Receive Alimony		
Severance Pay		

Other		
Other		
Assets/Resources: Please write no or the amount received.		
Question	Applicant	Co-Applicant
Aid to Needy Blind		
Old Age Assistance		
Aid to Permanently and Totally disabled cash		
Temp. Assistance to Needy Families (TANF)		
TANF Emergency Assistance		
Emergency FS		
Food Stamps		
Food Pantry		
WIC / CSFP		
68 Hours of Hunger		
Free Hot lunch		
Meals on Wheels		
Fuel Assistance		
Energy Assistance Program		
Weatherization		
Section 8/Subsidized housing		
Security Deposit Guarantee		
First month's rent assistance		
Childcare reimbursement		
Transport. reimbursement		
School stipend/scholarships		
Supplimental Security Income (SSI)		
Social Security Disability Income (SSDI)		
Short/long term disability		
Veteran's Pension		
Medical insurance? Type?		
Vocational Rehab		
Vacation/sick pay		
Gifts/loans		
Charity		
Go Fund Me/fundraising		
Maternity benefits		
Guardianship services		
Caretaker?		
Protective: DCYF / BEAS		

Expenses: Please write no or monthly amount. Divide annual bill by 12 to equal montly amount.		
Question	Applicant	Co-Applicant
Rent / Mortgage		
Property Taxes		
Property Insurance		
Lot rent /Condo fee		
Home repairs		
Water/Sewer		
Snow removal		
Trash removal		
Medical Insurance costs		
Prescription copay		
Electric bill		
Food (not including food stamps)		
Heating Fuel		
Cooking Fuel		
Phone		
Internet		
Cable		
Child support paid		
Child care		
Car payment		
Gasoline		
Car insurance		
Car registration		
Car inspection		
Car repairs		
Driver's license		
Fines		
Cost containment		
Diapers		
Laundry		
Loan		
Credit Card		
Credit Card		
Credit Card		
Dental		
Eye Care		
Bank fees		
Pets		
Other		

What to Bring to your appointment		
Eligibility is determined based on VERIFIED information. Applicants must verify information for ALL members of the household. Be sure to submit verification covering the four weeks prior to the date your application is submitted. We will contact you to set up an appointment after we have reviewed your application. We can also be reached by phone (603-447-3811 Dial 6), Fax (603-447-1348) or email at bjparker1@conwaynh.org. Individual circumstances affect verification requirements but the list below should get you started.		
Case Name:		
Application Date:		
Eligibility Dates:		
Application		
Do not leave blanks.	Answer questions individually.	All adults must sign.
Permanent / Semi Permanent Documents		
Two forms of ID: One photo ID and one other form such as passport, social security card, birth certificate		
Certificates: Birth, death, marriage, divorce, guardianship, DD-214; car registration, deeds...etc.		
Court Documents: Restraining orders, probation/parole, parental/child support...etc		
Income/Assets		
Last 4 weeks income: paystubs, direct deposits, rental income, bonuses, alimony, child support...etc.		
Bank Statements: All pages showing transaction history for all accounts in the last 4 weeks; Checking, savings, Christmas, Education, retirement, military...etc.		
Asset Statements: savings bonds, Cd's, 401K, Life insurance, trusts, Inheritances, deeds		
Self employment: Self employment form with contracts/invoices/work orders		
Employment verification/termination: If job began/ended in last four weeks or you don't have paystubs		
IRS Refund/rebates: Verify amount and date received.		
Other: Go fund me/fundraising; internet based sales/income; gifts/loans; charity		
Expenses:		
Housing: Lease/rental agreement; deed; eviction notice/writ/foreclosure; rental verification, W9, rent payment printout, mortgage statement, property tax bill, statement from roommate re: division of expenses		
Receipts/bills: fuel, electricity, water/sewer, snow/trash removal, childcare, transportation, repairs, insurance...etc.		
See next page		

Public programs: Please provide proof of appointments, Notices of Decision or other correspondence to help us determine eligibility.		
Social Security: Retirement, Survivors Benefits, SSI, SSDI...etc.		
Department of Health and Human Services: Cash programs, Food Stamps, Medicaid, BEAS, DCYF, Child Support, Childcare, Transportation NHEP...etc.		
Tri County Cap: Fuel Assistance, EAP, Weatherization, Project Care, Neighbors Helping Neighbors, Homeless Outreach...etc.		
Housing Programs: NHHFA Section 8/EHP acknowledgement letter; Utility allowance, subsidized housing, Habitat for Humanity, SSVF, Harbor Homes...etc.		
NH Works: Unemployment; Worker's compensation; Workforce Investment Act; Dept. of Adult Learning and Rehab, Job Search, resume...etc.		
Veteran's Administration: Cash, Medical, Transportation, housing...etc.		
Other: Charity, WIC, Gifts/loans, Free Care, Medication Bridge, special circumstances		
Medical release and report: If unable to work or meet requirements		
I/We understand that failure to provide documentation within 7 days may cause the decision on our request to be delayed, denied or suspended.		
Signatures:		
Date:		
GAO Signature:		
Comments:		

Legally Liable Relatives NH RSA 165:19: The following information is required. Please fill in the chart below. Leaving this page blank will result in a denial of your case.						
Relation	Deceased y/n	Minor y/n	Legal Name	Mailing Address	Phone #	Employer
Mother						
Father						
Step-mother						
Step-father						
Husband						
Wife						
Child						
Child						
Child						
Child						
Mother						
Father						
Step-mother						
Step-father						
Husband						
Wife						
Child						
Child						
Child						
Child						

Applicant's relation

Co-Applicant's relation

NOTE: Please notify this office if you are in need of disability related accommodations.

Agreement to repay

I/We, the undersigned, agree to repay the Town of Conway, NH for any assistance granted.

VERIFICATION OF INFORMATION

I/We, the undersigned, understand that all information we supply is subject to verification and investigation that may include home visits. Misrepresentation or omission of information may result in denial of all assistance from the Town of Conway, NH. Any change in household circumstances must be reported to the Town of Conway, NH, as they happen. Failure to do so may result in reduction, suspension or denial of assistance.

RIGHT TO FAIR HEARING

I/We understand that we have the right to request a Fair Hearing based on the receipt of an adverse action issued by the General Assistance Officer.

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/we authorize any of the following to release information concerning my application to the Town of Conway, NH. Any relative, landlord, lawyer, financial institution, school department, child care provider, pharmacy, mental health professional, physician or medical facility, law enforcement official, emergency services official, court official, Health and Human Services official, government official or social service agency, religious/charitable or nonprofit organization, or any other person or organization that may be involved in my application for assistance to the Town of Conway, NH General Assistance Department. Said authorization is valid for 180 days from the date of this application.

APPLICANT'S RELEASE OF INFORMATION

I/We authorize the Town of Conway, NH General Assistance Department, to release information concerning my/our circumstances to any relative, landlord, lawyer, financial institution, school department, child care provider, pharmacy, mental health professional, physician or medical facility, law enforcement official, emergency services official, court official, Health and Human Services official, government official or social service agency, religious/charitable or nonprofit organization, or any other person or organization that may be involved in my application for assistance to the Town of Conway, NH, General Assistance Department. Said authorization is valid for 180 days from the date of this application.

CASES WILL BE HELD OPEN FOR SIX (6) MONTHS AFTER LAST CONTACT

The Town of Conway, NH, will be holding cases open for six (6) months from the date of last contact with this office. Returning clients must continue to comply with all requirements of prior notices including, but not limited to, using all income for basic needs. Clients will be expected to provide written verification of all income and dated receipts for expenses for the weeks prior to their return date. Failure to comply may result in a delay or suspension of assistance.

VOLUNTARY QUIT LAW

Pursuant to the provisions of NH RSA 165:1-d voluntary termination of employment without good cause could lead to disqualification from receiving general assistance in the future.

FALSIFICATION

The Town of Conway, NH, may refer violations of NH RSA 641:3 to the appropriate authorities, i.e. Conway Police Department, Office of Special investigations, Attorney General, for prosecution. NH RSA 641:3 provides:

A person is guilty of a misdemeanor if:

1. He makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notification authorized by law to the effect that false statements made therein are punishable; or
2. With a purpose to deceive a public servant in performance of his official function he:
 - a. Makes any written false statement which he does not believe to be true,
 - b. Knowingly creates a false impression in a written application for any pecuniary or other benefit of omitting information necessary to present statements therein from being misleading;
 - c. Submits or invites reliance in writing which he knows to be lacking in authenticity; or
 - d. Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.

I/We have read the above statements and certify that I/we fully understand and agree with them and that all responses and information supplied in this application are true and correct.

Applicant's Signature:

Date:

Spouse Signature:

Date:

Co-Applicant's Signature:

Date:

DO NOT sign the following until the conclusion of the intake interview

I /we hereby certify that all notes and/or alterations written on my application by the caseworker(s) during this intake process accurately reflect my responses to questions and any additional information I provided. I further agree that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge.

Applicant's Signature:

Date:

Spouse Signature:

Date:

Co-Applicant's Signature:

Date:

I hereby certify _____ signed in front of me at the conclusion of the interview.

General Assistance Officer:

Date:



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We recommend that you check your work to make sure the application is complete. If the application is incomplete or missing supporting documentation needed to determine eligibility, your case cannot be processed with favorable results.

Common Mistakes

- Unanswered or incomplete answers on the application. If not applicable, write no versus leaving the question blank. Do not mark whole sections. Answer questions individually.
- Missing signature (s): The application, What to Bring list, 3 Releases of Information, Notice Certification and verification forms that have been given to you to return. Be sure all statements are signed and dated. EACH household member 18 or older must sign all forms.
- Missing a mailing address, phone or other contact information. We cannot mail a decision if we cannot communicate with you. If you do not have a mailing address, you may go to a post office near you and ask for "General Delivery" until you are able to provide a more permanent mailing address.
- Verification submitted covers the wrong period of time or is incomplete. Local welfare in Conway looks at the four weeks before you submit your application. For example, if you submit your application on 11/10/17, verification should cover the whole period from 10/10/17 to 11/10/17. If notices of decision/verification is dated outside of the dates of interest, we will ask you to have the document signed to show that the information on the decision remains accurate. Check to be sure you are submitting all pages of each document.
- The request is missing or non-specific. We need to know what your needs are to determine what and how much to assist with! We need to know the type of assistance that is needed, who to pay, the amount to pay, deadlines to avoid an emergency and so on.
- Information about legally liable relatives is missing. This information is required to complete your application.

If you need additional assistance, please contact me at 603-447-3811 Ext 14

S:\My Documents\BJ Town of Conway\FORMS\Applications\GA Applications\2017 November 3 We recommend that you check your work .docx