

## Your Appointment at Hooksett Family Services is scheduled for...

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### What Do I Bring To My Appointment?

In order to apply for assistance from the Town of Hooksett, the following information is **required at the time of your appointment in addition to your completed application**. Failure to bring in the required verification may delay the processing of your application and/or cause your request for assistance to be denied.

**Please do not come to your appointment unprepared!** If you need more time to gather your documents, please reschedule your appointment for a later date.

It is **your** responsibility to provide your documents and verification in an organized manner. Your income and expenses should be clearly detailed on the Income and Expense form with the supporting documents included. This paperwork should be completed **prior** to your appointment.

**If you have questions regarding the application, or if you need assistance completing the application form, please contact the Family Services Director at 485-8769.**

1. **PROOF OF IDENTIFICATION FOR ALL HOUSEHOLD MEMBERS:** Photo identification, license, social security card, birth or baptism certificate, divorce decree, marriage license, etc.
2. **PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS:** Current pay stubs for the past 4 weeks or an employer statement that includes gross and net pay, pay date, address, phone number, and dated signature of employer. This includes barter, trade, swap, or selling of personal property. Self-employment can be verified by bringing in your ledger for taxes. Child support can be verified by court documentation.
3. **PROOF OF RESIDENCY:** Current rent receipt, eviction notice, lease, landlord or shared household statement, etc.
4. **PROOF OF EXPENSES:** Rent or mortgage, water or sewer, electricity, heating fuel, taxes, loans, childcare, medical, receipts for any and all expenses in the last 4 weeks.
5. **PROOF OF ASSETS OR RESOURCES FOR ALL HOUSEHOLD MEMBERS:** Savings, checking, credit unions, annuities, trusts, stocks, bonds, securities, pension funds, IRA's, cash on hand, etc.
6. **PROOF OF PERSONAL OR REAL PROPERTY FOR ALL HOUSEHOLD MEMBERS:** Cars, trucks, motorcycles, snowmobiles, homes, mobile homes, etc. Also any other personal or real property, which is non-essential.
7. **PROOF THAT ALL HOUSEHOLD MEMBERS HAVE EITHER APPLIED FOR OR ARE IN RECEIPT OF THE FOLLOWING:**

Veterans Benefits	Food Stamps	Vocational Rehabilitation
Unemployment Benefits	Fuel Assistance	Social Security
APTD	Medicaid	TANF
Seeking Work	WIC	Workman's Compensation
SSI	SSD	Work Registered

8. **PROOF OF DISABILITY FOR ANY HOUSEHOLD MEMBER WHO IS REQUIRED TO WORK AND IS UNABLE TO DO SO:** A medical doctor's statement which describes the nature and extent of the disability and whether or not the person will be able to return to work.
9. **YOUR COMPLETED APPICATION: all sections completed.**

## Town of Hooksett BASIC NEEDS POLICY

Per the Town of Hooksett General Assistance guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for general assistance.

This department will direct the applicant/recipient to apply for all other resources and also will require the applicant/recipient to **use current resources to meet basic needs** in order to reduce the need for general assistance.

While working with this department, **you will be required to use your earned or unearned resources for basic needs only**. These are:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>*Rent/Mortgage</li> <li>*Food</li> <li>*Diapers</li> </ul> | <ul style="list-style-type: none"> <li>*Non-food hygiene products</li> <li>*Utilities</li> <li>*Prescriptions</li> </ul> |
|---|--|

The Cost of transportation will be allowed if needed for work or medical appointments or other appointments made in order to meet conditions of assistance. Payment of telephone will not be allowed unless there is a medical note composed and signed by a licensed physician that the absence of a telephone creates an unreasonable risk to health and safety.

The following are **unallowable** expenses:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>*Insurance Payments</li> <li>*Loan payments</li> <li>*Cable &amp; Internet</li> <li>*Restaurant/Fast Food</li> <li>*Bail payments</li> <li>*Telephone</li> <li>*Court ordered restitution</li> <li>*Pet expenses</li> </ul> | <ul style="list-style-type: none"> <li>*Credit card payments</li> <li>*Repayment of personal loans</li> <li>*Storage payments</li> <li>*Alcohol or tobacco</li> <li>*Rent-to-own items</li> <li>*Court fines</li> <li>*Traffic Citations</li> <li>*Miscellaneous payments</li> </ul> |
|--|--|

The cited examples are not all inclusive of non-basic needs. As a condition of assistance, you will be required to first use all available resources, as directed, to meet your basic needs. **Dated receipts for these expenses are required.** Should you choose to use your resources for other than basic needs as outlined above and/or in your written decision from this department, that income will be considered available to you and assistance will be reduced accordingly or a sanction or denial may be issued.

I have read the Basic Needs Policy and my caseworker has reviewed this with me.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



# Town of Hooksett

FAMILY SERVICES DEPARTMENT

Peter R. Flynn

Director

pflynn@hooksett.org

## Town of Hooksett, NH

### GENERAL ASSISTANCE INTAKE FORM

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

Name: \_\_\_\_\_  
Last First Middle (Maiden)

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street Town

Telephone: \_\_\_\_\_

What type of assistance are you requesting at this time? \_\_\_\_\_

\_\_\_\_\_

Name and ages of all household members: \_\_\_\_\_

\_\_\_\_\_

List all sources and amounts of household's earned and unearned income. This includes cash, savings and checking accounts: \_\_\_\_\_

\_\_\_\_\_

Indicate any changes in your personal situation since your last visit: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

## Income and Expense Form

### *List your income from the last four weeks of this appointment*

\*Net amount is the amount you received after taxes

Pay date _____	Net Amount Received _____
Pay date _____	Net Amount Received _____
Pay date _____	Net Amount Received _____
Pay date _____	Net Amount Received _____

**Total Income last 4 weeks** \_\_\_\_\_

\*Submit proof of income (pay stubs, letter from employer, TANF/ Soc. Sec. benefit letter)

List the **actual expenses** that you have **PAID** in the last 4 weeks from the date of this appointment. Provide proof of all your expenses, both paid and unpaid (receipts, bank statements, bills).

Rent/Mortgage	_____
Property Taxes	_____
Water/Sewer	_____
Heat (Type	_____
Electricity	_____
Cooking Fuel	_____
Home Telephone	_____
Cell Phone	_____
Food	_____
Household/Personal Items	_____
Medical Appointment Co-pays	_____
Prescriptions	_____
Car Payment	_____
Gas for Vehicle	_____
Car Registration/Inspection	_____
Car Insurance	_____
Cable	_____
Internet	_____
Credit Card Payments	_____
Pets (food and maintenance)	_____
Fines/Court bills	_____
Other	_____
Other	_____
Other	_____

*\*The Town does not consider all of the items listed above as necessities or allowable expenses. Please see the Town of Hooksett Basic Needs Policy for allowable expenses.*



List all your addresses for the last year:

<u>Street</u>	<u>Town</u>	<u>State</u>	<u>From</u> <u>Month/Year</u>	<u>To</u> <u>Month/Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Employer:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Type of Work: \_\_\_\_\_

If Terminated, reason for termination of employment: \_\_\_\_\_

Are you collecting any benefits (disability, unempl. workmen's comp. etc) Yes\_\_ No \_\_

If yes, what type: \_\_\_\_\_ Date started: \_\_\_\_\_ Amount: \_\_\_\_\_

Spouse's Employer:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

If Terminated, reason for termination of employment: \_\_\_\_\_

Are you collecting any benefits (disability, unempl. workmen's comp. etc) Yes\_\_ No \_\_

If yes, what type: \_\_\_\_\_ Date started: \_\_\_\_\_ Amount: \_\_\_\_\_

**Resources and Assets:**

	<u>Amount/Value</u>	<u>Location</u>
CASH	_____	_____
SAVINGS	_____	_____
CHECKING	_____	_____
CHILD SUPPORT	_____	_____
ALIMONY	_____	_____
STOCKS/BONDS	_____	_____

PENSION (401 K) \_\_\_\_\_  
 Property \_\_\_\_\_  
**Housing Expenses**

Rent \_\_\_\_\_ Own \_\_\_\_\_

Rent Amount \_\_\_\_\_ Per (month/week) \_\_\_\_\_ Date last paid \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you have a current \_\_\_\_\_ Notice to Quit \_\_\_\_\_ Demand for rent

Total rent owed \_\_\_\_\_

Do you live in or receive subsidized housing? Yes \_\_\_ No \_\_\_ Amount Subsidize \$ \_\_\_

Utilities included in the rent? None Heat Electric Water

Name of LANDLORD: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

IF HOME-OWNER: Mortgage Amount \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Owed \_\_\_\_\_

Bank/Mortgage Co. \_\_\_\_\_ Loan # \_\_\_\_\_

Address \_\_\_\_\_

**Available Earned Income:**

Applicant:

Hourly Wage: \$ \_\_\_\_\_ Wages Per Week: \$ \_\_\_\_\_ Hrs Worked per Week: \_\_\_\_\_

Spouse:

Hourly Wage: \$ \_\_\_\_\_ Wages Per Week: \$ \_\_\_\_\_ Hrs Worked per Week: \_\_\_\_\_

Do you expect a tax refund? Yes \_\_\_ No \_\_\_

When did you file your refund? \_\_\_\_\_ Amount expected: \$ \_\_\_\_\_

Do you expect a settlement from any source? Yes \_\_\_ No \_\_\_

If yes, please specify \_\_\_\_\_

Lawyer or agency handling case: \_\_\_\_\_

Address & Telephone No.: \_\_\_\_\_

**Other Household Income****Indicate any benefits or income received or applied for by you or any household member:**

	Name	Date Applied	Date Rec.	Monthly \$
ANB (Aid to Blind)	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability(Employer)	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
OAA (Old Age Asst)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
WIC	_____	_____	_____	_____
Workman's Comp.	_____	_____	_____	_____



**Criminal Information**

Have you or any member of your household been convicted of a felony which has not been annulled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_ Date \_\_\_\_\_

Town/City & State of conviction \_\_\_\_\_ Details of conviction \_\_\_\_\_

Are you or any member of your household presently on probation or parole?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_ Court or jurisdiction? \_\_\_\_\_

Name & phone number of parole/probation officer \_\_\_\_\_

**Motor Vehicles:**

<u>Owner</u>	<u>Auto Make/Model</u>	<u>Year</u>	<u>Value</u>	<u>Payment</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Service Record:**

Branch: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Veteran: \_\_\_\_\_ Benefits: \_\_\_\_\_ Claim #: \_\_\_\_\_

**Family History**

If divorces or separated:  
estranged or ex-spouse Name : \_\_\_\_\_

Address of Above \_\_\_\_\_

S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of div. or sep. \_\_\_\_\_

**In accordance with RSA 165:19, please provide the following information:**

For applicant's Father:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

For applicant's mother:  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

For spouse's father:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

For spouse's mother: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

**REIMBURSEMENT AGREEMENT**

I agree to reimburse the Town of Hooksett for Assistance, if possible, at some future date. Such recovery of these expenses will be through a program of repayment per RSA 165:20-B.

\_\_\_\_\_  
Applicant's Signature                      Spouse's Signature

If you have a lawsuit, workman's compensation claim, or aid from any other social service agency now pending disposition, please list the name, address, and phone number of your attorney, insurance company or any other agency which may be handling this claim on your behalf.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, of the Town of Hooksett in the County of Merrimack, being an applicant for assistance, do hereby authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order or any other person or organization having information concerning my circumstances to furnish such information to the Director of Family Services. I also waive my right to privacy and confidentiality contained in my Family Services file and/or any information received by the Town of Hooksett Family Services Department and authorize the Family Services Department to release such information to other agencies to the extent that such release is made to further my application for or receipt of assistance or benefits from that agency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Peter R. Flynn  
Director of Family Services

**MISREPRESENTATION**

I understand that any misrepresentation given on this application would cancel all aid from the Town of Hooksett for up to a six month period and may result in court action for recovery. I also understand if I am dissatisfied with the action taken on this application, I have the right to request a hearing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature



# Town of Hooksett

FAMILY SERVICES DEPARTMENT

Peter R. Flynn

Director

## 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: \_\_\_\_\_

\_\_\_\_\_



# Town of Hooksett

FAMILY SERVICES DEPARTMENT

Peter R. Flynn

Director pflynn@hooksett.org

## Land Lord f RENTAL VERIFICATION

**TENANT:** This form must be completed by your landlord and must be returned to the Hooksett Family Services Department.

**DEAR LANDLORD:** In order to determine assistance for your tenant it is necessary to have the following verification completed by you.

**NAME(S) ON LEASE:** \_\_\_\_\_

**ALL OTHER HOUSEHOLD MEMBERS:** \_\_\_\_\_

**ADDRESS OF RENTAL:** \_\_\_\_\_

**RENT:** \$ \_\_\_\_\_ **PER:** MONTH WEEK BI-WEEKLY

**UTILITIES INCLUDED IN RENTAL AMOUNT:**

HEAT ELECTRIC GAS ALL UTILITIES  
NO HEAT INCLUDED NO UTILITIES INCLUDED

**DATE OF OCCUPANCY:** \_\_\_\_\_ **ARREARAGE** \_\_\_\_\_  
**SECURITY DEPOSIT (if any):** \_\_\_\_\_

CHECK/VOUCHER PAYABLE TO:

**LANDLORD'S NAME (PRINT):** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TAX I.D. or SOCIAL SECURITY #** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

Failure to provide this information may result in 20% withholding of payment for tax purposes.

Family services will only authorize rental assistance to persons under eviction if the agrees to void the eviction notice. Acceptance of the family services voucher presumes agreement. Rental payment will be voided if this does not occur. If you have any question please call 485-8769.

**LANDLORD'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_