

Town of Charlestown, New Hampshire

Health and Human Services

GENERAL ASSISTANCE PROGRAM

New Hampshire RSA 165.1: Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the overseers of public welfare of such town.

The Town of Charlestown provides financial and resource assistance for eligible applicants who are struggling to meet basic needs and who are facing a threat to their health and safety as a result.

These are *some* examples of situations in which you *may* be eligible for assistance:

You are at risk of losing or have lost your residence

You are at risk of losing or have lost your utilities

You don't have enough food

You don't have enough fuel to heat your home or cook food

You don't have enough income due to being unemployed or disabled

You can't afford your prescriptions

You need help paying for burial or cremation

Many questions about other assistance can be found at the following websites:

NHEASY.gov

DHHS.state.nh.gov

Ssa.gov/disability

Scshelps.org

You have the right to apply for General Assistance at any time for any reason. Your eligibility for General Assistance is determined according to whether or not your allowed expenses exceed your income. You must provide specific information and documentation in order to have your application evaluated for eligibility. If you fail to comply with specified conditions, you may be found ineligible for assistance.

If you have any questions, please contact the Welfare Administrator. The Charlestown Health and Human Services office is open each Tuesday and Thursday from 9AM-2PM and you may call 603-826-5266 during these hours or leave a message.



Town of Charlestown, Health & Human Services

P O Box 385
Charlestown, NH 03222

603-826-5266

Welfare@charlestown-nh.gov

General Assistance Application

To Whom It May Concern,

If you are in need of assistance from the Town of Charlestown's Human Services Office please complete this application completely and return it to this office. Please be sure to include the information listed on the Required Verifications page as well. Originals will be returned to you if you do not provide copies.

Please print clearly:

Applicant Name: _____

Applicant Address: _____

Applicant Telephone (Home): _____

Applicant Telephone (Cell): _____

Applicant Email Address: _____

You will receive an email or phone call from me when I have received your application.

Thank you and if you have any questions please contact me.

Welfare Administrator
Town of Charlestown

Responsibilities Of Each Applicant and Recipient

At the time of initial application, and at all times thereafter while receiving assistance, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Welfare Administrator within 72 hours when a change in needs or resources may affect eligibility for continuing assistance.
3. To keep all appointments as scheduled and to return all information that is needed within the specified time frames so that once assistance is granted, no lapse of benefits such as from other sources.
4. To notify the Welfare Administrator within 72 hours of a change of address and any change in the members of the household.
5. To diligently search for employment and provide verification of application for employment when requested following a determination of eligibility for assistance.
6. To accept employment when offered, following a determination of eligibility for assistance.
7. To provide a Doctor's statement if any work-eligible adult in the household claims an inability to work due to medical problems.
8. To participate in the welfare work program if physically and mentally able, following a determination for eligibility for assistance.
9. To immediately notify the Welfare Administrator of any new employment or income that would change the amount of assistance.

A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification.

Any person may be denied from assistance or prosecuted for a criminal offense (welfare fraud), who, by means of intentionally false statements or intentional misrepresentation or by impersonation or other willfully fraudulent act or device, obtains or attempts to obtain any assistance to which he/she is not entitled.

These responsibilities have been read and I believe that I understand my responsibilities when applying for assistance.

Signature Applicant

Date

Signature Co-Applicant

Date

Instructions and Information on Application

To apply for assistance from the Town of Charlestown's Welfare Department, you must **fully complete** this application. All documentation requested is required to complete the process. A decision cannot and will not be made until all documentation has been provided.

As you complete this application for General Assistance, we ask you to remember that local welfare is intended to assist temporarily and is not automatic, on-going or indefinite. This program is funded through local taxpayer dollars in this community. The law requires that you cooperate with the Welfare Administrator and take responsibility for your own personal behavior and actions.

If you are not currently employed full-time, you will be required to complete an extensive job search defined as three (3) to five (5) contacts per week and provide required documentation of such.

If you are unable to work due to a medical (physical or mental) reason, you must provide medical documentation from your medical provider.

If you have recently lost/left employment, you will need to have your previous employer complete the Employment Form. You will also be required to enroll in the Unemployment Program.

The Employment Verification Form must be completed for each job, by each working member of the household. This should be completed by your Employer and returned to this Office, should they have any questions they can reach out directly.

The Rental Verification Form must be completed by your Landlord and returned to this Office, should they have any questions they can reach out directly.

Lastly, you are expected to do everything possible to live within your income by adjusting your financial situation to eliminate the need for General Assistance. You will be required to provide this office with on-going verifications and information as requested.

Notice of Rights of Anyone Receiving Assistance **From the Town of Charlestown, New Hampshire**

You have the following rights:

- You have the right to make a written application for assistance, even if the Welfare Administrator tells you that you are not eligible.
- You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
- You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
- You have the right to appeal any decision you do not agree with. You must appeal within five (5) working days after you received your decision.
- You have a right to have a hearing to present your case.
- You have a right to have your assistance continued if you are already receiving assistance when you request a fair hearing.
- You have a right to review the information in your file before your hearing.
- You have a right to see the guidelines used by the Welfare Administrator in making decisions on your application.
- You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey the guidelines.
- You have a right to refuse to participate in a Municipal Workfare Program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.

Application For Assistance

Date of Application: _____ Referred By: _____

General Information:

Applicant Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Social Security Number: ____ - ____ - ____ US Citizen? _____

Marital Status: _____ Rent or Own? _____ How long at this address? _____

Co-Applicant Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Social Security Number: ____ - ____ - ____ US Citizen? _____

Assistance Requested: _____

Reason for request: _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

List below all persons living in your household:

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security Number</u>

If at your current address less than 12 months, please list past 12 month's addresses:

<u>Street</u>	<u>Town/City</u>	<u>State</u>	<u>Dates of Residence</u>

Housing Information:

Rent Amount: \$ _____ per _____ Date last paid: _____ Date Due: _____

Do you have a current: Demand for Rent Notice to Quit Landlord/Tenant Writ

Total rent owed: \$ _____ Do you have a housing subsidy? _____

Utilities included in rent: Heat Electric Gas Water/Sewer Other _____

Landlord Name: _____ Telephone: _____

Address: _____

If Home Owner: Mortgage Amount: \$ _____ Date last paid: _____ Owed: \$ _____

Bank/Mortgage Company: _____

Address: _____

Education/Training/Employment:

	Highest Grade Attended	G.E.D. or Diploma	Special Training or Skills	Military Service
Applicant:				
Spouse/Co-Applicant:				

Applicant Work History:

Are you employed now? _____
 Employer: _____ Position: _____
 Date started: _____ Date and Amount of most recent paycheck: _____
 Are you unemployed now? _____
 Reason for unemployed: _____ Date last worked: _____
 Employer: _____ Date and amount of last check: _____
 Are you able to work now? _____ If no, why not? _____

Co-Applicant Work History:

Are you employed now? _____
 Employer: _____ Position: _____
 Date started: _____ Date and Amount of most recent paycheck: _____
 Are you unemployed now? _____
 Reason for unemployed: _____ Date last worked: _____
 Employer: _____ Date and amount of last check: _____
 Are you able to work now? _____ If no, why not? _____

Current and two most recent jobs of yourself and all household members aged 18 and older:

Name	Employer	Pay	Weekly/Biweekly	Employment Dates	Reason for Leaving
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

Household Assets:

Provide information regarding accounts held by you and all household members:

Name	Bank/Credit Union	Type of Account	Account Number	Balance
				\$
				\$
				\$
				\$
				\$
				\$

Provide current value of any assets held by you and all household members:

- Cash on hand (all household combined): \$ _____
 - Certificates of Deposit (CD's): \$ _____
 - Savings Bonds: \$ _____
 - Mutual Funds: \$ _____
 - Annuities: \$ _____
 - Stocks: \$ _____
 - Trust Funds: \$ _____
 - Retirement Accounts: \$ _____
 - Insurance Policies (cash value): \$ _____
 - 401K: \$ _____
 - Property other than primary residence: \$ _____ Location _____
 - Other Investments: \$ _____
 - Motorcycles/Boats/Snowmobiles/ATVs/RVs: \$ _____
 - Other Assets (please list): \$ _____
-

Claims/settlements/income due to you or any household member:

- IRS Refund: \$ _____
 - Insurance Claim: \$ _____
 - Retroactive disability check: \$ _____
 - Retroactive Unemployment check: \$ _____
 - Retroactive Worker's Compensation check: \$ _____
 - Inheritance: \$ _____
 - Other lump sum payment (explain): \$ _____
-

Have you or any household member consulted a lawyer regarding a possible lawsuit?

Lawyer Name and Address: _____
 Reason: _____

Do you or any household member have a lawsuit pending? _____ Who? _____

Please give details: _____
 Lawyer Name and Address: _____

Motor vehicles owned by you and all household members:

Owner	Auto Make	Model	Year	Value	Payments	Insurance

Household Income:

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

	Name	Date Applied	Monthly Amount	Date Last Received
ANB (Aid to the Needy Blind)				
APTD				
Child Support				
Disability (Employer)				
Food Stamps (SNAP)				
Fuel Assistance				
Gifts/Loans				
Maternity Benefits				
Medicaid				
OAA (Old Age Assistance)				
Retirement				
Severance Pay				
Social Security				
SSDI (SS Disability)				
SSI (Supplemental Security)				
TANF				
Unemployment				
Vacation Pay				
Veteran's Pension				
Vocational Rehabilitation				
WIC (Women/Infants/Children)				
Workers Compensation				
Other: _____				

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies (ie: Southwestern Community Services, Churches, Salvation Army, etc)

Name	Agency Name	Contact Person

Household Expenses:

Bank Fees	\$	Diapers	\$	Mortgage	\$
Bus/Cab	\$	Electric	\$	Prescriptions	\$
Cable/Internet	\$	Food	\$	Rent	\$
Child Support Paid	\$	Fuel Oil	\$	Rent-to-Own	\$
Car Gasoline	\$	Propane (bottled gas)	\$	School Loan	\$
Car Insurance	\$	Car Payment	\$	Storage	\$
Health Insurance	\$	Telephone	\$	Cell Phone	\$

Condo Fee	\$	Laundry	\$	Child Care	\$
Loan(s)	\$	Credit Card(s)	\$	Lot Rent	\$
Other_____	\$	Other_____	\$	Other_____	\$

List irregular, periodic expenses, unplanned or emergency expenses:

Car Inspection	\$	Car Registration	\$	Car Repair	\$
Dental	\$	Driver's License	\$	Fines/Court Payments	\$
Home Repairs	\$	Home/Rental Insurance	\$	Medical	\$
Sewer/Water	\$	Tax (Income/Property)	\$	Other	\$

Please use this space to indicate payment plans with utilities, creditors, collection agencies etc.:

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 and State of conviction _____

Details of conviction _____

Are you or any member of your household presently on parole or probation ____yes ____no.

If so, who? _____ Court or jurisdiction _____

Name and phone number of parole/probation officer _____

Liability for Support Information:

Please provide the following details:

Your father		Address	
Your mother		Address	
Co-Applicant father		Address	
Co-Applicant mother		Address	

Your or co-applicant's adult children:

Name		Address	
Name		Address	
Name		Address	

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 returning 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 Administrator 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 judgement for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165-28a)

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 Administrator 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)

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 Needs 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)

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Required Verifications

You must provide the following verification/documentation along with your application at the time of submission.

	Completed Application Packet
	Rental Verification Form
	Last four weeks pay stubs or other proof of net wages (Applicant and all working household members)
	Last four week's receipts or other proof or bills paid
	Bills that are currently and/or past due
	Employer Verification Form from your employer (one for each job by each working member of the household)
	Employment termination for from your last employer
	Confirmation you have applied for/are receiving <i>Social Security benefits</i>
	Confirmation you have applied for/are receiving from the HHS District Office:
	Emergency Food Stamps
	Food Stamps
	APTD/MA
	OAA
	TANF Emergency Assistance
	TANF
	You have applied for/are receiving Fuel Assistance benefits
	Verification of injury or illness
	You have applied for/are receiving Unemployment Compensation
	Picture IDs of Adults and Birth Certificates of Children living in the residence
	Vehicle registration
	Last three months bank statements, liquid asset statements, bankbooks
	Statement of Child Support payments received/Child Support court order
	Statement from room-mate(s) regarding division of expenses

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Applicant Signature

Co-Applicant Signature

Authorization for the Release of Information – DHHS

I, _____, the undersigned, understand that from time to time, the local Welfare Administrator for the Town of Charlestown may require certain information about assistance I am applying for or are receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local Human Services Director for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of DFA application, type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied.	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance.
Date my Medicaid case opened and my Medicaid Identification Number(s).	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid.
Date of any sanction of my cash assistance grant.	Determining countable household income also called "deeming".
Reason for any sanction of my cash assistance grant.	Helping me to remove the sanction.

I understand that I have the option to provide any or all of the requested information myself.

I understand that any use of the above information inconsistent with these purposes is forbidden.

I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

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

Applicant Signature

Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

Relationship to You

Witness

Date

Basic Needs

Now that you have applied to the Town of Charlestown for general assistance, you agree to the following:

You are to spend any monies that you receive in your household for basic living needs only. Basic living needs are:

- Rent
- Food
- Prescriptions
- Non-food Hygiene
- Utilities

You agree to provide dated and signed receipts (when applicable) for these expenses.

You also agree that if you spend money on items and services other than basic living needs, that you will be disqualifying yourself from assistance for these needs.

Applicant Signature

Date

Co-Applicant Signature

Date

Income Tax Refund

Please be advised that if you are requesting assistance from this office, all income tax refunds will be considered income and be used for allowable expenses such as rent (including arrears), utilities, medications, medical bills, and childcare. Budgets in this office will include all income and assistance will be determined from the household budget.

You are required to provide a copy of your income tax return/refund paperwork. You must immediately notify this office of any refund payment. Not doing so will be considered fraud and will be prosecuted accordingly.

I have read and understand the above. I will provide a copy of my income tax return within seven (7) days of filing my income taxes. I will keep receipts of what the money has been spent on to provide to the Town of Charlestown in the event that I need assistance in the future.

Applicant Signature

Date

Co-Applicant Signature

Date

Town of Charlestown
Office of Human Services

RSA 165: 1-b

As a recipient of General Assistance, you are required by New Hampshire State Lay (RSA 165:1-b) to apply for and utilize any benefits or resources, public or private, that will reduce or eliminate you need for General Assistance.

This means that if you are eligible to receive AFDC, APTD, OAA or subsidized rent you must apply within seven days of your application for General Assistance. You must follow the requirements and fulfill your responsibilities of these programs. This means you must keep your appointments with your Case Worker and complete all the forms and submit all verifications your worker has requested within his/her time frame.

If you are having difficulties fulfilling your responsibilities, immediately contact your Case Worker and advise him/her of this. He/she may be able to find another way for you to get the information they need.

My responsibilities to apply for and to utilize other kinds of public assistance as stated above have been discussed with me. I understand that failure to fulfill these responsibilities will cause me to be denied General Assistance. I have also read the information on the Voluntary Quit legislation and have discussed any questions I might have with the Welfare Administrator.

Applicant Signature

Date

Co-Applicant Signature

Date

Welfare Administrator's Signature

Date

Applicant's Authorization to Furnish Information

I/We _____, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Town of Charlestown Human Services Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Town of Charlestown Welfare Department.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant's Authorization to Furnish Information
(specific agency/individual)

I understand that as part of the administration of the General Assistance Program, a Town Welfare Official may verify information I have provided on my application for assistance and any other information that would affect my eligibility. My signature below authorizes **The Town of Charlestown's Welfare Administrator** to obtain information from

regarding factors relevant to my application for General Assistance benefits.

This authorization shall expire one year from the date it is signed.

A photocopy of this signed authorization may be used in place of an original.

Applicant Signature

Date

Welfare Administrator's Signature

Date

Employment

ONE MUST NOT VOLUNTARILY LEAVE A JOB WITHOUT GOOD CAUSE

General Assistance applicants, who voluntarily leave a job without good cause, within sixty days of applying for local welfare and having received local assistance within the past 365 days, may be disqualified from receiving assistance for 90 days from the date of voluntary quit. Such sanction shall not affect applicants who are responsible for supporting minor children within their household or those mentally or physically unable to work.

Any sanctioned applicant must have received prior notice that a voluntary job quit without good cause may result in a temporary eligibility cut-off. Likewise, they must receive a written application and notice of decision. RSA 165:1-d.

I understand that quitting a job voluntarily, or not reporting to work without good cause, leading to employment termination, may result in a potential 90-day period of local public assistance ineligibility.

Applicant Signature

Date

Co-Applicant Signature

Date

Welfare Administrator's Signature

Date

Human Services Fraud

It is very important applicants are aware of the laws regarding Welfare Fraud and therefore understands and expects that the Town of Charlestown will pursue all criminal remedies including prosecution to the full extent of the law as well as:

ANY PERSON MAY BE DENIED OR TERMINATED FROM GENERAL ASSISTANCE AND OR PROSECUTED FOR ANY CRIMINAL OFFENSE, WHO BY MEANS OF INTENTIONALLY MAKING FALSE STATEMENTS OR INTENTIONAL MISREPRESENTATION OR BY IMPERSONATION OR THE WILLFULL FRAUDULENT ACT OR DEVICE OBTAINS OR ATTEMPTS TO OBTAIN ANY ASSISTANCE TO WHICH HE/SHE IS NOT LEGALLY ENTITLED.

The above responsibilities and list of verifications has been read fully when completing this application for the Town of Charlestown General Assistance.

Applicant Signature

Date

Co-Applicant Signature

Date

General Assistance Repayment Agreement

I understand I should repay the Town of Charlestown for any assistance that I am given, if and when I am able to.

Applicant Signature

Date

Co-Applicant Signature

Date

I/We, the undersigned _____ residents of the Town of Charlestown, New Hampshire (hereinafter "applicant", hereby agree with the Town that the full amount of any public welfare payments made at my request, to me or on my behalf in the form of direct payment to creditors, will be repaid in the following manner:

1. By work performed for and at the direction of any entity or Department of the Town, including its Schools, Library, and Parks, such work to be performed as the Town may direct. Until the applicant shall be regularly employed such work shall be performed on such days (including Saturdays) as the Town may direct, (excepting only, days of illness for which a doctor's certificate is furnished to the Town), and will be compensated by crediting any debt incurred hereunder at the statutory minimum rate for each hour actually worked; if applicant shall become regularly employed during the normal work week, the Town may require such work to be performed on Saturdays thereafter until the debt is repaid in full.
2. By payment over to the Town, unless the Town shall wave such right, any refund of federal income tax for the year, to the extent of repayment still owed to the Town.
3. By repayment of any remaining balance in cash as soon as applicant shall secure regular or seasonal employment, at the rate of \$20.00 per week or otherwise in accordance with a payment schedule to be agreed at the time with the Town.

Applicant hereby acknowledges that any failure to perform as agreed herein shall relieve the Town of Charlestown of any further obligation for welfare assistance.

Applicant Signature

Co-Applicant Signature

Welfare Administrator
Signature

Date

Date

Date

Employment Verification Form

To Employer _____ Date _____

Address _____

Phone _____ Email _____

For the purpose of administration of municipal assistance, the following information is required for:

(name of employee)

Date of Hire	_____	Date starting/started work	_____
Hourly Pay Rate	\$ _____	Full-time or part-time	_____
Hours per week	_____	Frequency Paid	_____
Date of most recent paycheck	_____	Net amount	\$ _____

=====

If _____ is no longer employed by your company:

Date of termination/separation _____

Date of last paycheck _____

Net amount of last paycheck _____

Reason for termination/separation _____

Signature and Title of immediate supervisor or person completing this form _____ Date

Rental Verification Form

Tenant's Name: _____ Date: _____

Address: _____
(Number/Street) (Apt) (City) (State/Zip Code)

Number of Household Members: _____

List of Household Members: _____

Occupancy Date: _____

Security Deposit; Amount: \$ _____ Date Paid: _____

Rent amount: \$ _____; Paid: Monthly, Weekly, Other

If subsidized rent, please list tenant portion: \$ _____

Rent Includes; All utilities, No utilities, Hot water, Heat, Electric

Type of Heat; Electric, Oil, Gas, Other _____

Date rent was last paid: _____ Amount paid: \$ _____ Back owed rent: \$ _____
(if back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security Number must be provided:

Tax ID: _____ or Social Security Number: _____

CHECK IS MADE PAYABLE TO: (PLEASE PRINT)

Landlord's Name

Telephone/Fax Numbers

Landlord Address

Name of Manager or Other
Representative

Landlord Signature

Date

Placement of Lien

Please read and sign the following information:

Under NH RSA 165:28 the town has a right to place a lien on any real estate owned by the assisted person(s). The lien is non-interest bearing for the first year. After the first year, the lien accrues interest of 6% a year. This lien will never be called-in but when the assisted person(s) dies, or sells the property, the lien will be repaid with any appropriate interest. The lien can be diminished by the act of work fare, which includes (but not limited to) community service and family enrichment activities, small cash payments made to the Town of Charlestown, and/or the balance paid in full at such time as the property is sold.

I have read the above and understand that any assistance from the Town of Charlestown will facilitate a lien on my/our property.

Applicant Signature

Date

Co-Applicants Signature

Date