

VERIFICATION REQUIRED FROM APPLICANTS FOR WELFARE

In order to apply for General Welfare Assistance, the following information must be brought in at the time of your interview. Failure to provide the required verifications will delay processing of the application.

1. Identification (Picture ID, License, Birth Certificate, Social Security Card)
2. Marriage license or Divorce decree
3. Proof of Children - Birth Certificates and Social Security Cards
4. Residence/Shelter expenses
5. Proof of Income, **8 WEEKS** (Current pay stubs, Court-ordered support payments, Worker's Compensation papers, Social Security Benefits, TANF Benefits, Food Stamps, Unemployment, Etc.)
6. Proof you have applied for the following if eligible:
VA Benefits; TANF-Single Parent; Social Security or SSI; Old Age Assistance-Over 62; Worker's Compensation; APTD-Disabled; TANF-IP-Disabled Parent; Food Stamps; Fuel Assistance; Unemployment Benefits
7. Proof of personal property (Car, motorcycle, trailer, house, etc.)
8. Proof of cash resources (Savings, Credit Union, Trusts, Checking accounts, etc.)
9. Proof laid off from job (statement from former employer)
10. Proof registered with Employment Office
11. Proof actively seeking work
12. Doctor's statement if unable to work (Extent of disability and duration)
13. Proof parents or spouse cannot help financially (statement why their income is not sufficient to help out)
14. Termination notice from previous Welfare (State, City or County Welfare Agency)
15. Other: _____

**Please Read Carefully
SB 158-FN**

VOLUNTARY QUIT BILL

EFFECTIVE - AUGUST 1995

If an individual ...

- HAS RECEIVED LOCAL WELFARE WITHIN THE PAST 365 DAYS,
AND
- HAS BEEN GIVEN NOTICE THAT VOLUNTARY TERMINATION OF
EMPLOYMENT WITHOUT GOOD CAUSE COULD RESULT IN
DISQUALIFICATION, AND
- TERMINATES EMPLOYMENT (OF AT LEAST 20 HOURS PER
WEEK) WITHOUT GOOD CAUSE WITHIN 60 DAYS OF AN
APPLICATION FOR LOCAL WELFARE, AND
- IS NOT RESPONSIBLE FOR SUPPORTING MINOR CHILDREN IN
HIS/HER HOUSEHOLD, AND
- DID NOT HAVE A MENTAL OR PHYSICAL IMPAIRMENT WHICH
CAUSED HIM/HER TO BE UNABLE TO WORK,

**THEN, THE INDIVIDUAL MAY BE DISQUALIFIED FROM RECEIVING
LOCAL WELFARE ASSISTANCE FOR 90 DAYS FROM DATE OF
VOLUNTARY QUIT.**

I hereby certify that I have read and understand the above.

Applicant's signature _____

Date _____

TOWN OF WENTWORTH

PO Box 2
Wentworth, NH 03282

APPLICATION FOR WELFARE ASSISTANCE

Ref.By: _____

Date: _____

1. GENERAL INFORMATION

Name: _____

Address: _____ Telephone #: _____

City: _____ State _____ Social Security # _____

Birthplace: _____ Birthdate: _____ Age: _____

2. MARITAL STATUS

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

IF MARRIED - When: Date _____ Place: _____

IF DIVORCED - Where: Date _____ Place: _____

3. INFORMATION REGARDING SPOUSE AND OTHER MEMBERS OF HOUSEHOLD

Name of Spouse/Co-applicant: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Social Security # _____

Birthplace: _____ Birthdate: _____ Age: _____

3a. NAMES OF OTHER MEMBERS OF HOUSEHOLD

1. Name: _____ Age: _____ Birthdate: _____
Social Security #: _____ Relationship to Applicant: _____
2. Name: _____ Age: _____ Birthdate: _____
Social Security # _____ Relationship to Applicant: _____
3. Name: _____ Age: _____ Birthdate: _____
Social Security #: _____ Relationship to Applicant: _____

3b. APPLICANT'S CHILDREN NOT WITHIN HOUSEHOLD

1. Name: _____ Age: _____ Birthdate: _____
Address: _____ Relationship to Applicant: _____
2. Name: _____ Age: _____ Birthdate: _____
Address: _____ Relationship to Applicant: _____

3c. SPOUSE/CO-APPLICANT'S CHILDREN NOT WITHIN HOUSEHOLD

1. Name: _____ Age: _____ Birthdate: _____
Address: _____ Relationship to Applicant: _____
2. Name: _____ Age: _____ Birthdate: _____
Address _____ Relationship to Applicant: _____

3d. Are either of you responsible for paying child support? Yes _____ No _____

If Yes, how much per month ? \$ _____ Are your payments current/behind (circle one)

Name of person responsible: _____

Name of person receiving payments: _____

3e. INFORMATION REGARDING APPLICANT'S PARENTS

Father: _____ Mother: _____

Address: _____ Address: _____

Employment: _____ Employment: _____

Rent/Own Home: _____ Rent/Own Home: _____

3f. INFORMATION REGARDING SPOUSE\CO-APPLICANTS PARENTS

Father: _____ Mother: _____

Address: _____ Address: _____

Employment: _____ Employment: _____

Rent/Own Home: _____ Rent/Own Home: _____

4. HOUSEHOLD INFORMATION

Name of Present Landlord: _____ Telephone #: _____

Address: _____

4a. PREVIOUS ADDRESSES

1. Street: _____ City/Town: _____ State: _____

How long did you live there? _____ Years / Months (Circle one)

Date Moved in: _____ Date Moved out: _____

2. Street: _____ City/Town: _____ State: _____

How long did you live there: _____ Years/Months (Circle one)

5. EDUCATIONAL BACKGROUND

5a. APPLICANT:

Grade last Attended: _____ Courses studied: _____

If you did not graduate, did you obtain your G.E.D? _____

Have you taken any college courses? _____ What Type: _____

Where did you attend college? _____ Degree: Yes _____ No _____

5b. SPOUSE/CO-APPLICANT:

Grade last attended: _____ Courses studied: _____

If you did not graduate, did you obtain your G.E.D? _____

Have you taken any college courses? _____ What Type: _____

Where did you attend college? _____ Degree: Yes _____ No _____

6. SERVICE RECORD: ANY MEMBER OF HOUSEHOLD

Name: _____

Veteran: Yes _____ No _____ Branch: _____ Dates of Service: _____

Area(s) Served: _____ Honorable Discharge: Yes _____ No _____

Are you currently receiving benefits? _____ If YES, Amount per month: \$ _____

7. APPLICANT'S WORK RECORD

Present Employer: _____ Job Position: _____

Starting date: _____ Hourly wage: \$ _____ Amount of last paycheck: \$ _____

Date you received your last pay check: _____

Previous Employer: _____ Job Position: _____

Length of Employment: _____ From (Date): _____ To (Date): _____

Hourly wage: \$ _____ Reason for Leaving : _____

Are you currently unemployed? Yes _____ No _____

Are you receiving unemployment benefits? Yes _____ No _____

8. SPOUSE'S/CO-APPLICANT'S WORK RECORD

Present Employer: _____ Job Position: _____

Starting Date: _____ Hourly wage: \$ _____ Amount of last paycheck: \$ _____

Date you received your last paycheck: _____

Previous Employer: _____ Job Position: _____

Length of Employment: _____ From (Date): _____ To (Date): _____

Hourly wage: \$ _____ Reason for leaving: _____

Are you currently unemployed? Yes _____ No _____

Are you receiving unemployment benefits? Yes _____ No _____

9. OTHER SOURCES OF INCOME

SOURCE OF INCOME	YES	NO	AMOUNT
TANF, APTD, OAA			
SSI			
Social Security			
Pensions			
Annuity, Trust Fund, Insurance Payments			
Income from Relatives or Boarded			
Unemployment Compensation			
Support Payment/Alimony			
Workmen=s Compensation			
Any other income received within the last 30 days			

Food Stamps: Yes ___ No ___ Amt. \$ _____ Fuel Assistance: Yes ___ No ___ Amt. \$ _____

Are you/have you filed Income Tax? Yes ___ No ___ Date filed: _____ Amt. expected \$ _____

Are you/have you ever been on HUD? Yes ___ No ___

Have you applied for ANY of the above? _____ If YES, when do you expect to receive benefits? _____

10. RESOURCES OF HOUSEHOLD

10a. APPLICANT:

Savings Acct.: \$ _____ Checking Acct: \$ _____ Credit Union: \$ _____ Cash on hand \$ _____

Name of Bank/Credit Union and Acct# _____

Insurance: Yes ___ No ___ If Yes, what type _____ Property: Yes ___ No ___

Automobile(s): Yes _____ No _____ If YES, Make, Model, Year: _____

Snowmobile(s): Yes _____ No _____ Motorcycle(s): Yes _____ No _____ Boat(s): Yes _____ No _____

Computer(s): Yes _____ No _____ Camcorder(s): Yes _____ No _____

10b. SPOUSE/CO-APPLICANT:

Savings Acct: \$ _____ Check Acct: \$ _____ Credit Union: \$ _____ Cash on hand: \$ _____

Account numbers and Bank/ Credit Union _____

Insurance: Yes _____ No _____ If YES, What type _____ Property: Yes _____ No _____

Automobile: Yes _____ No _____ If YES, Make, Model, Year: _____

Snowmobile(s): Yes _____ No: _____ Motorcycle(s): Yes _____ No _____ Boat(s): Yes _____ No _____

Computer(s): Yes _____ No _____ Camcorder(s): Yes _____ No _____

11. HOUSEHOLD EXPENSES

Rent per month: \$ _____ Date rent is due: _____ Date rent was last paid: _____

Food (per week): \$ _____ Telephone: \$ _____ Automobile: \$ _____

Electricity: \$ _____ Amount last paid \$ _____ Date: _____ Amount due: \$ _____

Fuel: \$ _____ Amount last paid \$ _____ Date: _____ Amount due: \$ _____

11a. OTHER EXPENSES:

1. APPLICANT:

PLEASE DO NOT INCLUDE CREDIT CARD PAYMENTS OR EXPENSES FOR CABLE TELEVISION.

1. \$ _____ Payment for: _____

2. \$ _____ Payment for: _____

3. \$ _____ Payment for: _____

2. **SPOUSE/CO-APPLICANT:**

PLEASE DO NOT INCLUDE CREDIT CARD PAYMENTS OR EXPENSES FOR CABLE TELEVISION.

1. \$ _____ Payment for: _____

2. \$ _____ Payment for: _____

3. \$ _____ Payment for: _____

12. REQUEST OF APPLICANT

Assistance Requested: _____

Reason for Request: _____

Expected duration of assistance: _____

Have you received any other type of assistance? Yes: _____ No: _____

If Yes, Name the source: _____ When: _____ Amount: \$ _____

13. REPAYMENT AGREEMENT

(165:28) The amount of money spent by a town or city to support an assisted person under this chapter shall, except for just cause, be made a lien on any real estate owned by the assisted person.

I/WE Agree to reimburse the Town of Wentworth for welfare assistance if possible. Such recovery of these expenses will be through a program of repayment mutually agreed upon at the time repayment is to begin.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

14. MISREPRESENTATION OF FACTS

Any misrepresentation which affects eligibility or amount of aid that I/WE may receive can cancel all aid from the Town of Wentworth and may result in court action for recovery.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

15. CHANGE OF INCOME-CHANGE IN HOUSEHOLD

The Town of Wentworth requires that each client must report any change in income or household within 48 hours of the change.

I/We _____, on _____
have been informed and read the request to report changes. I/We are aware that failure to report the above changes could jeopardize assistance, and result in charges of fraud.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S COMMENTS:

DATE: _____

COMMENTS: _____

TOWN OF WENTWORTH

**APPLICANT'S & CO-APPLICANT'S
AUTHORIZATION TO FURNISH INFORMATION**

I/We authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order or any other organization having information concerning my/our circumstances to furnish such information to the Welfare Officer of the Town of Wentworth, New Hampshire.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Witness's Signature

Date

TOWN OF WENTWORTH
PO Box 2, Wentworth NH 03282

RENTAL REQUEST FORM

To Be Completed by Owner or Authorized Agent

Owner's Social Security Number or IRS Number _____

Owner's Name _____ Agent's Name _____

Address _____ Address _____

Phone _____ Phone _____

Name & Address to which check should be mailed _____

Renter's Name _____ Number of People in Apt.: _____

Rental Address _____ Apartment Number: _____

Rental Amount: () Weekly _____ () Bi-Monthly _____ () Monthly _____

Time Period for which rent was last paid: From _____ To _____

Date Client Moved In: _____ Date Rent Due: _____

Please check appropriate space(s) for above dwelling:

() Room () Apartment () Single Family

Appliances Included: () Stove () Refrigerator () Washer () Dryer

Utilities Included: () Electricity () Gas () Heat () None

Number of Rooms _____: () Furnished () Unfurnished

Comments: _____

Signature of Owner or Agent

Date

Signature of Renter

Date

Payments will be made directly to Landlord. This is not an authorization for payment.

Failure to notify the welfare official within 72 hours of a change of household size could jeopardize payment of rent.

TOWN OF WENTWORTH
PO Box 2 Wentworth NH 03282

DEPOSIT AGREEMENT FOR RENTAL PROPERTY

The Town of Wentworth agrees to pay _____ the amount of \$_____ as a portion of the security deposit for an apartment being rented to _____. This deposit will be returned to the Town of Wentworth when said _____ pays the full amount of the security deposit to the landlord or vacates the apartment having satisfactorily completed the terms of the lease. In the event that _____ vacates the apartment:

1. Having caused damage to said apartment,
2. Without sufficient notice (time limit stated in lease), or
3. Has failed to pay balance of deposit in a timely manner to said landlord.
(Records of tenant's payment of deposit to be kept by the landlord, tenant and Town of Wentworth)

then said landlord has the right to retain the deposit.

Landlord or Agent

Welfare Officer

Date

Date

Tenant: I understand that it is my responsibility to make **full payment** of a security deposit in the amount of \$_____ on a schedule agreeable to the landlord/agent and me.

Tenant

Date

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

DEPOSIT AGREEMENT FOR RENTAL PROPERTY

The Town of Wentworth agrees to pay _____ the
amount of \$ _____ Landlord
_____ as a security deposit for an apartment being rented to
_____. This deposit will be returned to the Town of
Wentworth when said _____ vacates the apartment, satisfactorily
completing the terms of his/her lease. In the event that _____
vacates said apartment

1. Having caused damage to said apartment.
2. Vacates without sufficient notice (time limit stated in lease).
3. Has failed to pay balance of deposit in a timely manner to said landlord.
(Records of tenant's payment of deposit to be kept by the landlord, tenant
and Town of Wentworth)

Then said landlord has the right to retain the deposit.

Landlord or Agent

Welfare Officer

Date

Date

Tenant: I understand that it is my responsibility to make full payment of a security
deposit in the amount of \$ _____ on a schedule agreeable to myself and the
landlord/agent.

Tenant

Date

Valid For One Year From Date Of Issue

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

NOTICE OF GENERAL ASSISTANCE DECISION

Name _____

Date _____

Address _____

1. Your application for general assistance has been **GRANTED**. You will receive:

2. Your application for general assistance has been **DENIED**.

3. Effective _____, your assistance has been/will be

terminated suspended reduced to \$ _____

4. The above decision (#2 or #3) is being made for the following reason(s):

sufficient income

no adequate work search

misrepresentation of facts, specifically _____

refusal to participate in Work Program

other: _____

You have the right to request a fair hearing within seven (7) days of receipt of this notice to review this decision. If you are receiving assistance, your assistance will be continued until the hearing only if you request it.

Welfare Official

=====

FAIR HEARING REQUEST
Deliver this form to the Town Office

I/We, _____, request a fair hearing to review the decision concerning my claim for general assistance. I/We **want** **do not want** my/our assistance continued until the hearing. I/we understand that if I/we lose the hearing, I/we will owe the amount of my assistance from the date of action in Section 3 until the hearing.

Signature

Signature

Date _____

Form I

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

FIRST NOTICE OF SANCTION

Client's Name _____

Date _____

Address _____

Your general assistance () **MAY BE** () **HAS BEEN** denied for failure to:

- () Apply for other public benefits
- () Participate in the Welfare Work Program
- () Search for a job
- () Provide financial data

Per State laws _____ Per Town guidelines, page(s) _____

Sanctioned from benefits _____

You may come into compliance within the next **seven** (7) days by providing our office with the following information in writing:

- _____ Applied for state benefits: AFDC, food stamps, APTD, Medical, Title XX
- _____ Applied for social security benefits
- _____ Applied for benefits at the Unemployment Office (Employment Security)
- _____ Applied for Section 8 housing
- _____ Applied for Community Action Assistance
- _____ Applied for WIC
- _____ Applied for VOC REHAB services
- _____ Applied for NHJTC services
- _____ Income for the past and next four weeks
- _____ Expenses for the past and next four weeks
- _____ Job search of three (3) contacts per day and provide list to this office
- _____ Employment verification, if hired
- _____ Medical documentation of stated physical condition
- _____ Participation in the Welfare Work Program _____
- _____ Other _____

Next appointment: _____

Case Number _____

Welfare Officer

Signature

TOWN OF WENTWORTH

BUDGET WORKSHEET

NAME: _____ DATE: _____

A. AVAILABLE ASSETS AND INCOME:

SOURCE	PER WEEK	PER MONTH

TOTAL AVAILABLE INCOME: _____

B. ALLOWABLE EXPENSES:

NOTE: Enter actual expenses or maximum for schedule, whichever is less

RENT/BOARD \$ _____ PER WEEK \$ _____ PER MONTH
FOOD \$ _____ PER WEEK \$ _____ PER MONTH
MAINTENANCE \$ _____ PER WEEK \$ _____ PER MONTH
MEDICAL (IF EMERGENCY) \$ _____ PER WEEK \$ _____ PER MONTH
UTILITIES: ELECTRIC \$ _____ PER WEEK \$ _____ PER MONTH
 FUEL \$ _____ PER WEEK \$ _____ PER MONTH
 OTHER \$ _____ PER WEEK \$ _____ PER MONTH

TOTAL ALLOWABLE EXPENSES: _____

C. ELIGIBILITY:

A-B = \$ _____ (+ OR -)

NOTE: If A is greater than B, applicant is ineligible.
If A is less than B, applicant is eligible for the difference.

D. AREA(S) IN WHICH ASSISTANCE WILL BE RENDERED AND AMOUNT:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

SIGNED _____

Town of Wentworth Welfare Department Workfare Program

Conditions of Employment

I, _____, hereby accept employment with the Town of Wentworth as stated in RSA 165:31 which requires a person who is receiving aid to work for the Town at any job which is within the capacity of the person receiving aid.

My employment will be at the _____ Department. I understand and agree that such employment will be upon the following terms and conditions:

1.) I am accepting this employment voluntarily.

2.) Compensation for said employment will be paid by voucher from the Town Welfare Department in an amount necessary for support as determined by the Welfare Department. Payment for employment will be based upon a wage of \$ _____ per hour with the total hours in any one week not to exceed _____.
Starting date: _____

3.) Said employment does not entitle me to the classification of either a permanent or temporary employee of the Town of Wentworth. I understand the fringe benefits accorded employees classified as permanent or temporary do not apply to this program. I agree to hold harmless and indemnify the Town of Wentworth and its Welfare Department from all claims, demands and law suits for such benefits as well as costs and attorney's fees.

4.) Termination is automatic upon completion of the required number of hours or at the point where aid is no longer received. It is understood that any outstanding hours owed the Town for aid previously rendered will be computed when a new agreement is signed upon re-applying for assistance.

Termination of my employment under this program may also be affected at any time upon the recommendation of either the Department Head to which I am assigned or the Welfare Officer.

SIGNED: _____ DATE: _____
Client

SIGNED: _____ DATE: _____
Welfare Officer

FORM O

FAIR HEARING REQUEST

I/we, _____ hereby request a fair hearing to review the
decision dated _____.

Regarding my application for general assistance. I _____ want / I _____ do not want my current assistance to continue until my appeal has been decided. I understand that if I lose my appeal, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

(applicant signature)

(date)

TOWN OF WENTWORTH

MEDICAL SCREENING FORM FOR WORK PROGRAM

NOTE: If you answer yes to any of the following questions, please give a brief explanation.

1. Do you have any problems with your knees, back, shoulders, or hands?
____ YES ____ NO
2. Do you have any serious diseases now? ____ YES ____ NO
3. Have you ever been hospitalized for an accident or illness? ____ YES ____ NO
4. Have you ever received worker's compensation for injuries on the job?
____ YES ____ NO
5. Have you had a physical exam recently? ____ YES ____ NO If yes, when?
Name of Physician:
Condition of Health:
6. Do you have a valid Driver's License? ____ YES ____ NO
7. Do you have a police record? ____ YES ____ NO
8. Do you take any medication? ____ YES ____ NO
9. Do you feel you are physically able to work? ____ YES ____ NO
10. In case of an emergency, please notify?

Name

Address

Phone

I HAVE READ AND ANSWERED THE ABOVE QUESTIONS AND DECLARED THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

WORK SEARCH FORM

Week of _____

Monday	Company Contacted	Person Contacted	Telephone Number
1.			
2.			
3.			

Tuesday	Company Contacted	Person Contacted	Telephone Number
1.			
2.			
3.			

Wednesday	Company Contacted	Person Contacted	Telephone Number
1.			
2.			
3.			

Thursday	Company Contacted	Person Contacted	Telephone Number
1.			
2.			
3.			

Friday	Company Contacted	Person Contacted	Telephone Number
1.			
2.			
3.			

Name _____

Signature _____

Date _____

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

FAIR HEARING PROCEDURE

Client Name _____

Address _____

As you requested, a hearing has been scheduled to review the decision on your application for general assistance.

Time: _____

Date: _____

Place: _____

- If you are unavailable for the time set for the hearing, please advise this office immediately.
- The hearing shall be held before an impartial individual entitled "The Fair Hearing Officer of the Town of Wentworth, NH" who was not involved in the initial decision made regarding your application.
- During this hearing, you have the right to:
 1. Be represented by counsel or other spokesperson(s)
 2. Present witnesses in your defense; and
 3. Cross-examine any witnesses who bear testimony against you.
- The decision rendered by the Fair Hearing Officer will be made based on the evidence presented at the hearing.
- The Fair Hearing Officer will advise you of the decision, in writing. The decision will contain reasons why or why not your claim was upheld and what evidence was relied on to reach the decision.

Signed _____
Welfare Officer

Date _____

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

FAIR HEARING DECISION

_____ Applicant

Represented by: _____

vs.

_____ Town of Wentworth

Date: _____

Hearing Officer(s): _____

Counsel for Hearing Officer(s): _____

ADJUDICATION

(Include guidelines, facts relied on, reasons for decision, and any relief ordered.)

Date

Hearing Officer

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

NOTICE OF LIEN

TO: Register of Deeds for the County of Grafton

RE: Lien on Real Property Pursuant to RSA 165:28 SUPP. and Any and All Acts in
Amendment thereof for Aid Given by the Town of Wentworth

RECIPIENT: _____

of _____, County of Grafton,
State of New Hampshire

DESCRIPTION OF PROPERTY:

Land and Buildings at Map _____ Lot _____
in Wentworth, New Hampshire

Recorded in Book _____ Page _____
at the Grafton County Register of Deeds

Be it known, that the Town of Wentworth has expended funds for and in behalf of the
above-named recipient, for which funds the town is entitled to a lien and hereby asserts
a lien pursuant to RSA 165:28 Supp. and any and all acts in amendment thereof.

Chairman, Board of Selectmen

Date

Selectman

Date

Selectman

Date

Witness

Date

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

LIEN DISCHARGE

Property Address: Map _____ Lot _____ in Wentworth, New Hampshire

The Lien for support funds furnished by the Town of Wentworth to

_____.

dated _____ and recorded in the Grafton County Registry of Deeds.

Book _____ Page _____ is hereby satisfied and discharged.

Witness our hand this _____ day of _____, 20 _____.

Chairman, Board of Selectmen

Date

Selectman

Date

Selectman

Date

Witness

Date

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

RENT VOUCHER – LANDLORD TAX DELINQUENCY

The Town of Wentworth hereby authorizes payment to

on behalf of _____ in the amount of \$ _____ for
rent due for the period of _____ to _____.

VOUCHER # _____ DATE: _____

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

**NOTICE OF APPLICATION OF RENT PAYMENTS
TO TAX DELINQUENCIES**

You are hereby notified that, pursuant to RSA 165:4-a (effective July 11, 1992),
\$ _____ of the above payment will be applied to your delinquent tax bill owed to
the Town of Wentworth, NH, for property located at _____.
(address of property with delinquency)

You are also notified that, pursuant to RSA 540:9-a, any application by the Town of
Wentworth of amounts owed to it by a landlord pursuant to RSA 165:4-a shall constitute
payment by the tenant of the amount applied by the Town to the delinquent balances of
the landlord.

SIGNED: _____ DATE: _____
Welfare Officer

_____ Landlord Copy
_____ Town Copy
_____ Client Copy

TOWN OF WENTWORTH
PO Box 2, Wentworth, NH 03282

REPAYMENT LETTER

Date:

Dear _____”

In reviewing the welfare records for the Town of Wentworth, it has been determined that you received financial assistance in the amount of \$ _____ for the time period of _____ to _____.

At the time of your application, you agreed to reimburse the Town for aid given you. New Hampshire law, RSA 165:20-b, states “Any Town or City furnishing assistance to any person who is returned to an income status after receiving the assistance which enables him to reimburse the Town or City without financial hardship may recover from such person the amount of assistance provided.”

At this time, I respectfully request that you contact this office to arrange a plan for reimbursement that is satisfactory to both you and the Town. Reimbursements are used to help other Wentworth residents who are in need of temporary assistance. If you wish, you may start reimbursement by mailing in a check on a regular basis, either weekly or monthly, thus eliminating the need to contact me.

Thank you in advance for your cooperation in this matter.

Sincerely,

Welfare Officer

TOWN OF WENTWORTH

PO Box 2, Wentworth, NH 03282

**TOWN ASSISTANCE INTAKE FORM/
UPDATE FOR CURRENT INFORMATION**

DATE: _____

NAME: _____
 LAST FIRST MIDDLE MAIDEN

ADDRESS: _____ HOW LONG: _____

TELEPHONE: () _____ SOCIAL SECURITY # _____

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS:

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME?

LIST ALL HOUSEHOLD INCOME EARNED AND UNEARNED WITH-IN THE PAST 30DAYS:

HAVE THERE BEEN ANY CHANGES WITH- IN THE HOUSEHOLD SINCE YOUR LAST VISIT? YES/NO EXPLAIN: _____

MISREPRESENTATION OF FACTS: Any misrepresentation which affects eligibility or amount of aid I/We may receive can cancel all aid from the Town of Wentworth and result in court action for recovery.

SIGNATURE(S): _____
 (APPLICANT) (CO-APPLICANT)