



# Welcome to Document Cloud

Here are four tips to get work done from anywhere with Adobe Acrobat, Adobe Sign, and Adobe Document Cloud services.

- 01 Work where you want
- 02 Prepare polished PDFs
- 03 Share files with others
- 04 Get help from Adobe

# 01 Work where you want

## *Flexibility and freedom*

Desktop, web, or mobile—it's up to you. Signed-in users can access files from any device.



### **Work on your desktop.**

View, comment on, fill, sign, and send PDFs in free Acrobat Reader. Acrobat Pro and Acrobat Standard subscribers can also use premium tools to create, edit, export, and organize PDFs.

**Use any browser.** Access commonly used PDF and signing tools in the browser of your choice.

**Work on the go.** Work with PDFs anytime, anywhere with the free Adobe Acrobat Reader and Adobe Scan mobile apps. Subscribers can unlock additional mobile features, including create and export. Subscribers to Acrobat Pro DC can even edit text and images on their tablets.

## 02 Prepare polished PDFs

### *Create, combine, and organize*

It's easy to create a PDF with the exact content you want.

**Make trusted PDFs.** Acrobat lets you turn practically anything into a high-quality PDF that looks great on any screen. Create a PDF from Microsoft Office files, a web page, scanned documents, and more.



**Merge multiple files into one PDF.** Combine different file types—spreadsheets, images, presentations, and web pages—into a single PDF file that's easy to share or archive.

**Organize pages.** Drag and drop to reorder pages. You can also insert, delete, or rotate pages on your desktop, tablet, or mobile device.

## 03 Share files with others

### *Send, track, and manage*

Now you can share files for viewing, commenting, or signature—and track status every step of the way.

**Share files fast.** Click, add, and send. It's that easy. And recipients can view on any device with no software required.

**Collaborate better.** Subscribers can also send files for signing or for review to collect group feedback in a single shared PDF file.

**Get notifications.** Sign in, and we'll let you know each time someone interacts with files you've shared.

**Manage your files.** You're in control. Track your file, forward it to others, or stop sharing at any time.



# 04 Get help from Adobe

## *We've got your back*


Take advantage of tutorials and forums—and share your feedback with the Document Cloud team.

**Get tutorials.** Become an expert with [short videos and online instruction](#).

**Visit Adobe Forums.** Ask questions and find answers in [Document Cloud forums](#).

**Share your feedback.** We need your help to continue to make Document Cloud the best solution available. Please [share your thoughts](#).



  
Leonabel Lee Castillo

4/15/2024

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Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**ONLINE DATA CHANGE REQUEST**

TRN. MO0683IM202011105419

Date / Time of Update : NOVEMBER 10, 2020 / 07:11 PM

A. PERSONAL DATA				
SS NUMBER <b>07-2387307-7</b>	COMMON REFERENCE NUMBER(IF ANY) <b>0111-7005643-3</b>	DATE OF BIRTH(MM/DD/YYYY) <b>10/11/1980</b>	TAX IDENTIFICATION NUMBER(IF ANY)	
NAME (LAST NAME) <b>CASTILLO</b>	(FIRST NAME) <b>LEE BORD</b>	(MIDDLE NAME) <b>YAP</b>	(SUFFIX)	
HOME ADDRESS (RM./FLR/UNIT NO. & BLDG. NAME) <b>#22 JOSE ABAD SANTOS</b>	(HOUSE/LOT & BLK NO.)		(STREET NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) <b>BALINTAWAK (POB.)</b>	(CITY/MUNICIPALITY) <b>CITY OF ESCALANTE</b>	(PROVINCE) <b>NEGROS OCCIDENTAL</b>	ZIP CODE <b>6124</b>
B. DATA CHANGE/CORRECTION/UPDATING				
TYPE OF CORRECTION MADE	<u>FROM</u>		<u>TO</u>	
<b>A. <input type="checkbox"/> MAILING ADDRESS</b>				
Rm/Bldg + House/Lot/Blk + Street				
Subd + Brgy + City + Prov + Zip				
<b>B. <input type="checkbox"/> FOREIGN ADDRESS</b>				
<b>C. <input type="checkbox"/> TELEPHONE NUMBER</b>				
<b>D. <input checked="" type="checkbox"/> MOBILE NUMBER</b>				
	0947-9870813		0999-7966192	
<b>E. <input type="checkbox"/> EMAIL ADDRESS</b>				

# APPLICATION FOR ASSISTANCE

DATE\_\_\_\_\_

## Complete Each Section

CASEWORKER\_\_\_\_\_

Phone: (603) 624-6484 Fax: (603) 628-6179

Has any household member ever applied with this office before? Yes\_\_\_ No\_\_\_ If yes, When? \_\_\_\_\_ What name? \_\_\_\_\_

Name \_\_\_\_\_

Maiden Name\_\_\_\_\_

Address\_\_\_\_\_

Cell# (\_\_\_\_) \_\_\_\_\_ Tel# (\_\_\_\_) \_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Spouse/Cohab/Roommate\_\_\_\_\_

Maiden Name\_\_\_\_\_

Cell# (\_\_\_\_) \_\_\_\_\_ Tel# (\_\_\_\_) \_\_\_\_\_

### LIST EVERYONE WHO LIVES IN THE HOUSEHOLD, BEGIN WITH YOURSELF ON THE FIRST LINE

Full Name	Relationship	Marital Status	Birthdate	Age	Social Security Number	Most Recent School Attended	Grade
_____	Self	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**City of Manchester, NH**  
**Welfare Department**  
**1528 Elm St.**

### LIST ALL CHILDREN OF ADULT HOUSEHOLD MEMBERS WHO DO NOT LIVE WITH YOU. INCLUDE ALL CHILDREN OVER 18

Full Name	Birthdate	Address	Employer	Name of Guardian if child is under 18
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### LIST MARITAL HISTORY OF ALL ADULT HOUSEHOLD MEMBERS

Your Name	Spouse's Name	Date of Marriage	Place of Marriage City/Town/State	Legal Status (Divorce/Sep/Widow)	Date of Div/Sep/Wid	Custody of Children
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### LIST ADDRESSES FOR ALL ADULT HOUSEHOLD MEMBERS FOR THE LAST TWO YEARS, BEGIN WITH THE PRESENT ADDRESS

Street Address, Room or Apt. #	Town / City / State	From (Month / Date / Year)	To (Month / Date / Year)
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

Has any household member applied for or received assistance from any other city, town, or state welfare office? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where? \_\_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_ What type of assistance? \_\_\_\_\_

**LIST YOUR PARENTS AND THE PARENTS OF YOUR SPOUSE, ROOMMATE OR COHAB**

Your Name \_\_\_\_\_ Spouse, Roommate or Cohab Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father \_\_\_\_\_ Tel# \_\_\_\_\_ Father \_\_\_\_\_ Tel# \_\_\_\_\_

Full Address \_\_\_\_\_ Income \_\_\_\_\_ Full Address \_\_\_\_\_ Income \_\_\_\_\_

Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_ Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_

Mother \_\_\_\_\_ Tel# \_\_\_\_\_ Mother \_\_\_\_\_ Tel# \_\_\_\_\_

Full Address \_\_\_\_\_ Income \_\_\_\_\_ Full Address \_\_\_\_\_ Income \_\_\_\_\_

Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_ Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_

**LIST MILITARY SERVICE RECORD FOR ALL HOUSEHOLD MEMBERS - INCLUDE NATIONAL GUARD AND RESERVE DUTY**

Name \_\_\_\_\_ Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Type of Benefits \_\_\_\_\_ Date / Amount of Last Pay \_\_\_\_\_

**LIST CURRENT AND LAST THREE EMPLOYERS FOR ALL HOUSEHOLD MEMBERS. INCLUDE SELF EMPLOYMENT, SUBCONTRACTING, INTERNET SALES, ETC. INCLUDE EMPLOYMENT OF ALL MINORS**

Name \_\_\_\_\_ Employer \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Amount Last Paid \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL MEDICAL, ILLNESS, ACCIDENT AND/OR INJURY INFORMATION**

Is any member of the household under doctor's care? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Name \_\_\_\_\_ Doctor's name, address and tel# \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

Name \_\_\_\_\_ Doctor's name, address and tel# \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

Is any member of the household **unable** to work? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Check Reason: Non Work-Related Accident \_\_\_\_\_ Non Work-Related Illness \_\_\_\_\_ Work-Related Accident \_\_\_\_\_ Work-Related Illness \_\_\_\_\_

Date of Illness, Accident or Injury \_\_\_\_\_ If work related, list date Workers Comp. claim filed \_\_\_\_\_ Date able to return to work \_\_\_\_\_

If work related, list name and address of employer \_\_\_\_\_ Tel# \_\_\_\_\_

Doctor's name and address \_\_\_\_\_ Tel# \_\_\_\_\_

Insurance Co. name and address \_\_\_\_\_ Tel# \_\_\_\_\_



**LIST ALL VEHICLES OF ALL HOUSEHOLD MEMBERS INCLUDING, MOTORCYCLES, RV'S, ATV'S, BOATS, ETC.**

Year	Model	State and Plate #	Registered To	Own _____ Lease _____ Own _____ Lease _____	Loan _____ Borrow _____ Loan _____ Borrow _____	Date of Purchase	Purchase Price	Date of Last Payment	Amount of Payment
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**LIST ALL REAL ESTATE PROPERTY OWNED BY ALL HOUSEHOLD MEMBERS – INCLUDE TIMESHARES, etc.**

Does any household member own any property(ies)? Yes \_\_\_\_\_ No \_\_\_\_\_ Property Address(es) \_\_\_\_\_

Owner(s) name(s) \_\_\_\_\_ Purchase date \_\_\_\_\_ Purchase price \_\_\_\_\_ Date of last payment(s) \_\_\_\_\_

Monthly mortgage(s) payment(s) \$ \_\_\_\_\_ Are taxes escrowed? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of property tax bill \_\_\_\_\_

Multi or Single family? \_\_\_\_\_ Rental income property? \_\_\_\_\_ Amount of monthly rental income \_\_\_\_\_ Date last received \_\_\_\_\_

Foreclosure pending? \_\_\_\_\_ Does any household member own any other real estate including timeshares? Yes \_\_\_\_\_ No \_\_\_\_\_ Address \_\_\_\_\_

**RENTAL INFORMATION** Landlord's name \_\_\_\_\_ Address \_\_\_\_\_ Tel# (\_\_\_\_\_) \_\_\_\_\_

Rental amount \$ \_\_\_\_\_ Due weekly \_\_\_\_\_ Due every two weeks \_\_\_\_\_ Due monthly \_\_\_\_\_ Do you have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_

List all names on the lease \_\_\_\_\_ Is there a co-signer? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of co-signer \_\_\_\_\_

Date rent last paid \_\_\_\_\_ Amount of last payment \_\_\_\_\_ Rental period from \_\_\_\_\_ to \_\_\_\_\_ Is the rent subsidized? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_ Which utilities are included in your rent? \_\_\_\_\_ How many bedrooms? \_\_\_\_\_

Do you have an Eviction Notice? Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration date \_\_\_\_\_ Have you been to court? Yes \_\_\_\_\_ No \_\_\_\_\_ Court date \_\_\_\_\_

Has any person or agency helped you with rent? If yes, who? \_\_\_\_\_ Amount paid \_\_\_\_\_ Date \_\_\_\_\_

**PROPERTY HISTORY** Has any household member had any real estate property or vehicles which have been sold, foreclosed, repossessed, traded, totaled or junked within the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_ List property/vehicle(s) \_\_\_\_\_

Date sold \_\_\_\_\_ Sale price \_\_\_\_\_ Date foreclosed \_\_\_\_\_ Date repossessed, traded, totaled or junked \_\_\_\_\_

<b>FEDERAL INCOME TAX</b>	<b>LIST EACH ADULT WHO FILED A 2016 _____ 2017 _____ 2018 _____ IRS TAX RETURN</b>				
Name	Date Filed	Where/How Filed?	Date Refund Rec'd	Amount Rec'd	# Of Dependents Claimed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ASSETS** Does any household member, INCLUDING CHILDREN, have any bank or credit union accounts (including business accounts), PayPal accounts, Direct Express cards, prepaid debit cards, or any other type of financial account(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ **List ALL financial accounts.**

Name	Name of Bank or Financial Institution	Savings Acct.	Balance	Checking Acct.	Balance	Name of Debit or Prepaid Card	Balance
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Has any household member had a bank, credit union acct. or any other financial account closed within the last 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_ What type of acct.? \_\_\_\_\_ Which bank, etc.? \_\_\_\_\_ Location \_\_\_\_\_

Does any household member have any of the following assets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the amount of each asset: 401K \_\_\_\_\_ 403b \_\_\_\_\_

Trust funds \_\_\_\_\_ Certificates of Deposit (cds) \_\_\_\_\_ Mutual funds \_\_\_\_\_ Retirement acct. \_\_\_\_\_ Savings Bonds \_\_\_\_\_

Stocks \_\_\_\_\_ Deferred Compensation \_\_\_\_\_ Profit Sharing \_\_\_\_\_ Annuities \_\_\_\_\_ Other \_\_\_\_\_

Has any household member borrowed from, cashed in, or received disbursements from the above accounts within 6 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ List the date last received \_\_\_\_\_ Amount \_\_\_\_\_

**Is any household member a participant in, or has been the recipient of, any charitable fundraising or monetary gifts within the last 6 months?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount last received \_\_\_\_\_ Date last received \_\_\_\_\_ Source \_\_\_\_\_

**INSURANCE** Does any household member have any insurance policies such as; automobile, homeowner's, renter's, life or any other insurance policies? Yes\_\_\_ No\_\_\_ If yes, list the following details for all policies:

Name	Name of Insurance Co.	Type of Policy	Cash Value
_____	_____	_____	_____
_____	_____	_____	_____

**LIST IF ANY HOUSEHOLD MEMBER HAS APPLIED FOR OR IS CURRENTLY RECEIVING INCOME OR BENEFITS FROM THE FOLLOWING SOURCES. CHECK THE "NONE" BOX, ONLY IF BENEFITS HAVE NOT BEEN APPLIED FOR OR RECEIVED.**

	Name	Date Applied	Date Last Received	Amount	None
ANB (Aid to the Needy Blind) ___ OAA (Old Age Assistance)___					
APTD (Aid to Permanently and Totally Disabled)					
Boarders in your household					
Cash or any money available or set aside					
Disability – Short Term _____ Long Term _____					
Food Stamps					
Fuel Assistance: Rent _____ Heat _____ Electric _____					
Help from friends, relatives, employer, co-workers, etc.					
Maternity Benefits					
Medicaid					
Retirement Pension					
Severance Pay					
SS_____ SSD _____ SSI _____					
TANF _____ Relative Payee _____					
Unemployment Compensation					
Utility Allowance Benefit (from subsidized housing)					
Vacation Pay _____ Earned Time_____ Sick Time _____					
Veteran's Pension _____ Veteran's Disability _____					
WIC (Women, Infants & Children)					
Worker's Compensation					
Date and amount of last income/financial resource for each household member					
Other					

#### PAST / FUTURE RESOURCES

Is any household member expecting to receive, or has received any Inheritance \_\_\_Retroactive disability payment (SSD/SSI/APTD) \_\_\_\_\_ Insurance claim \_\_\_\_\_ Workers Comp. settlement \_\_\_\_\_ or any settlement including lump sum settlements within the last 6 years? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_ Amount received or expected \_\_\_\_\_ Date received or expected \_\_\_\_\_

Has any household member consulted with an attorney or presently working with an attorney for any reason, including a possible lawsuit? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_ Explain \_\_\_\_\_ Attorney's name / Tel# \_\_\_\_\_

#### GUARDIANSHIP / REPRESENTATIVE PAYEE

Does any household member have a Legal Guardian? Yes \_\_\_ No \_\_\_ and/or Rep. Payee? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Name of Legal Guardian or Rep. Payee \_\_\_\_\_ Tel# \_\_\_\_\_

Is any household member a Legal Guardian or Rep. Payee for anyone else? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

What benefits? \_\_\_\_\_ Name and Tel# of person(s) you are a Legal Guardian or Rep. Payee for \_\_\_\_\_

**ARE YOU OR ANY OTHER HOUSEHOLD MEMBERS WORKING WITH ANY OTHER AGENCIES?** Yes\_\_\_ No\_\_\_

Client Name \_\_\_\_\_ Agency \_\_\_\_\_ Contact Person \_\_\_\_\_ Tel# \_\_\_\_\_

Client Name \_\_\_\_\_ Agency \_\_\_\_\_ Contact Person \_\_\_\_\_ Tel# \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBERS ENROLLED IN HIGHER EDUCATION CLASSES**

Client Name \_\_\_\_\_ School \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Financial Aid Amount \_\_\_\_\_

Client Name \_\_\_\_\_ School \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Financial Aid Amount \_\_\_\_\_

**ABSENT PARENT /CO-PARENT INFORMATION FOR ALL CHILDREN WHO LIVE IN YOUR HOUSEHOLD**

1. Child's /Children's name(s) that have the same biological parent \_\_\_\_\_

Name of absent parent / co-parent \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Does the absent parent / co-parent have visitation or shared custody? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the arrangements? \_\_\_\_\_

Do you receive support from this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Are the payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_ Arrearages owed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the child support payments wage garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last received \_\_\_\_\_ Amount last received \_\_\_\_\_ Date next due \_\_\_\_\_

How is the support paid to you? Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Child Support Card \_\_\_\_\_ Other \_\_\_\_\_

Recent or upcoming court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of court hearing \_\_\_\_\_ Reason for hearing \_\_\_\_\_

2. Child's /Children's name(s) that have the same biological parent \_\_\_\_\_

Name of absent parent / co-parent \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Does the absent parent / co-parent have visitation or shared custody? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the arrangements? \_\_\_\_\_

Do you receive support from this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Are the payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_ Arrearages owed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the child support payments wage garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last received \_\_\_\_\_ Amount last received \_\_\_\_\_ Date next due \_\_\_\_\_

How is the support paid to you? Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Child Support Card \_\_\_\_\_ Other \_\_\_\_\_

Recent or upcoming court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of court hearing \_\_\_\_\_ Reason for hearing \_\_\_\_\_

3. Child's /Children's name(s) that have the same biological parent \_\_\_\_\_

Name of absent parent / co-parent \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Does the absent parent / co-parent have visitation or shared custody? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the arrangements? \_\_\_\_\_

Do you receive support from this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Are the payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_ Arrearages owed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the child support payments wage garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last received \_\_\_\_\_ Amount last received \_\_\_\_\_ Date next due \_\_\_\_\_

How is the support paid to you? Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Child Support Card \_\_\_\_\_ Other \_\_\_\_\_

Recent or upcoming court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of court hearing \_\_\_\_\_ Reason for hearing \_\_\_\_\_

**LIST INFORMATION ON ALL MINOR CHILDREN THAT DO NOT LIVE IN YOUR HOUSEHOLD** (Request additional paper if necessary.)

1. Person paying support \_\_\_\_\_ Child's/Children's name(s) that have the same biological parent \_\_\_\_\_

Name, address and Tel # of parent/guardian with whom child resides \_\_\_\_\_ Relation to child \_\_\_\_\_

Name, address and Tel # of person receiving support payments (if different from the above) \_\_\_\_\_

Date last paid \_\_\_\_\_ Amt. last paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Wage garnishment \_\_\_\_\_ Court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Person paying support \_\_\_\_\_ Child's/Children's name(s) that have the same biological parent \_\_\_\_\_

Name, address and Tel # of parent/guardian with whom child resides \_\_\_\_\_ Relation to child \_\_\_\_\_

Name, address and Tel # of person receiving support payments (if different from the above) \_\_\_\_\_

Date last paid \_\_\_\_\_ Amt. last paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Wage garnishment \_\_\_\_\_ Court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

BASIC EXPENSES	Amount	Frequency Weekly or Monthly	Date Last Paid	Balance Due	Name on Bill
Rent / Mortgage	_____	Wk____ Mo____	_____	_____	_____
Food	_____	Wk____ Mo____	_____	_____	_____
Diapers	_____	Wk____ Mo____	_____	_____	_____
Gasoline for vehicle(s)	_____	Wk____ Mo____	_____	_____	_____
Household Supplies	_____	Wk____ Mo____	_____	_____	_____
Gas Utility	_____	Wk____ Mo____	_____	_____	_____
Electric	_____	Wk____ Mo____	_____	_____	_____
Oil	_____	Wk____ Mo____	_____	_____	_____
Prescriptions	_____	Wk____ Mo____	_____	_____	_____
<b>OTHER EXPENSES</b>					
Cable/Satellite	_____	Wk____ Mo____	_____	_____	_____
Car Payments	_____	Wk____ Mo____	_____	_____	_____
Cell Phone(s)	_____	Wk____ Mo____	_____	_____	_____
	_____	Wk____ Mo____	_____	_____	_____
Child Care	_____	Wk____ Mo____	_____	_____	_____
Court Fees, Fines, etc	_____	Wk____ Mo____	_____	_____	_____
Credit Cards	_____	Wk____ Mo____	_____	_____	_____
Internet Connection	_____	Wk____ Mo____	_____	_____	_____
Laundry	_____	Wk____ Mo____	_____	_____	_____
Personal Loans	_____	Wk____ Mo____	_____	_____	_____
Pet Expenses	_____	Wk____ Mo____	_____	_____	_____
Streaming Services	_____	Wk____ Mo____	_____	_____	_____
Rent to Own Items	_____	Wk____ Mo____	_____	_____	_____
Storage Unit	_____	Wk____ Mo____	_____	_____	_____
Telephone (landline)	_____	Wk____ Mo____	_____	_____	_____
Tobacco Products	_____	Wk____ Mo____	_____	_____	_____
Other	_____	Wk____ Mo____	_____	_____	_____
	_____	Wk____ Mo____	_____	_____	_____

**WHAT ASSISTANCE ARE YOU REQUESTING?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT IS THE REASON FOR YOUR REQUEST?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any household member ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_ If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Which state(s)? \_\_\_\_\_ List all felony convictions for all household members \_\_\_\_\_

\_\_\_\_\_

Is any household member presently on parole or probation? Yes\_\_\_\_ No\_\_\_\_ If yes, who? \_\_\_\_\_

Which city / town and state? \_\_\_\_\_ Name of parole / probation officer \_\_\_\_\_

Tel# \_\_\_\_\_ Provide details \_\_\_\_\_

\_\_\_\_\_  
**Applicant Name (PRINT)**

\_\_\_\_\_  
**Co-applicant Name (PRINT)**

\_\_\_\_\_  
**Spouse Name (PRINT)**

\_\_\_\_\_  
**Co-applicant Name (PRINT)**

**READ BEFORE SIGNING**

My/Our signature(s) below constitutes(s) the granting of my/our authority for the City of Manchester, NH Welfare Department to obtain verification and/or proof from all sources concerning my/our household's circumstances. All information supplied by me/us is subject to investigation and verification.

I/We have the right to request a Fair Hearing based on the receipt of an adverse action issued by the Welfare Official.

I/We, the undersigned, agree to repay the City of Manchester, NH Welfare Department for any assistance granted pursuant to RSA 165.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**

I/We authorize any relative, physician, landlord/rental agent, lawyer, banking/lending/financial institution, school department, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, health care provider, day care provider, mental health professional/facility, pharmacy, hospital, emergency care facility, ambulance service, funeral home/crematorium, rent-to-own business, police, sheriff, State Police, fire department, emergency medical technician, Red Cross, Salvation Army, food pantry, Internal Revenue Service, tax preparer, accountant, Department of Homeland Security, Social Security Administration, any state or county division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any town, city, county, state or federal department, shelter, domestic violence or crisis organization, religious/charitable organization, Department of Employment Security, Veteran's Administration, Southern New Hampshire Services, or any other person, company, organization or agency to release all information concerning my/our circumstances to the City of Manchester, NH Welfare Department.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

I/We authorize the City of Manchester, NH Welfare Department to release information concerning my/our circumstances to any relative, physician, landlord/rental agent, lawyer, banking/lending/financial institution, school department, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, health care provider, day care provider, mental health professional/facility, pharmacy, hospital, emergency care facility, ambulance service, funeral home/crematorium, rent-to-own business, police, sheriff, State Police, fire department, emergency medical technician, Red Cross, Salvation Army, food pantry, Internal Revenue Service, tax preparer, accountant, Department of Homeland Security, Social Security Administration, any state or county division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any town, city, county, state or federal department, shelter, domestic violence or crisis organization, religious/charitable organization, Department of Employment Security, Veteran's Administration, Southern New Hampshire Services, or any other person, company, organization or agency.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

**If you need a disability-related accommodation, notify front desk.  
 TTY access through Relay NH at 711**

**EACH ADULT HOUSEHOLD MUST INITIAL EACH STATEMENT BELOW SHOWING THAT YOU HAVE READ AND UNDERSTAND THE STATEMENT. PLEASE DO NOT HESITATE TO ASK QUESTIONS.**

I understand that if our household receives assistance, then our household members will be required to repay any assistance provided, if we are returned to an income status which enables us to reimburse the City without financial hardship.

(RSA 165:20-b) \_\_\_\_\_ (initials)

I understand that if our household receives assistance from the City, adult household members over 18 years of age may be required to participate in the work program to repay assistance.

(RSA 165:31) \_\_\_\_\_ (initials)

I understand that if our household receives assistance, the City may place a lien against any real estate property in which any household member owns. (RSA 165:28) \_\_\_\_\_ (initials)

I understand that if assisted, the City may place a lien against any property settlement, civil judgment for personal injuries, or property passing under the terms of a will, or by intestate succession.

(RSA 165:28-a) \_\_\_\_\_ (initials)

I understand that the City reserves the right to contact and pursue assistance and reimbursement from legally liable relatives.

(RSA 165:19) \_\_\_\_\_ (initials)

I understand that any changes in my circumstances must be reported to the Welfare Official within 3 working days.

\_\_\_\_\_ (initials)

I understand that misrepresentation or omission of information may result in suspension of assistance. I understand that the information and documentation I provide is subject to verification.

\_\_\_\_\_ (initials)

I understand that my case will be held open for 6 months from the date of last contact with this office. I understand that should I return to this office while my case is still open that I must demonstrate compliance with all prior Notices of Decision. This includes but is not limited to; providing proof of all income and financial resources received and receipts to verify that all monies have been used only as required on prior Notices of Decision. I further understand that my failure to comply with the requirements of this office will likely result in reduction, suspension, or ineligibility of assistance.

\_\_\_\_\_ (initials)

**VOLUNTARY QUIT LAW**

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

**DO NOT SIGN THE STATEMENT BELOW UNTIL AFTER THE END OF THE INTERVIEW.**

I hereby certify that all of the information I have provided both in writing and verbally to Manchester City Welfare is complete and true. I hereby certify that all notes and/or alterations written on my application by the caseworker(s) during the intake process accurately reflect my responses to questions and any additional information I provided. I understand that if I knowingly give false or misleading information or withhold or omit information related to my receipt of assistance, now or in the future, I may be determined ineligible for assistance and I may be prosecuted for a crime (i.e. RSA 641:3 – Unsworn Falsification and/or RSA 637:4 – Theft by Deception).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of Manchester, NH  
Welfare Department  
1528 Elm St.  
Phone: (603) 624-6484 Fax: (603) 628-6179

## APPLICATION FOR ASSISTANCE

DATE\_\_\_\_\_

Complete Each Section

CASEWORKER\_\_\_\_\_

Has any household member ever applied with this office before? Yes\_\_\_ No\_\_\_ If yes, When? \_\_\_\_\_What name?\_\_\_\_\_

Name \_\_\_\_\_

Maiden Name\_\_\_\_\_

Address\_\_\_\_\_

Cell# (\_\_\_\_\_) \_\_\_\_\_ Tel# (\_\_\_\_\_) \_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Spouse/Cohab/Roommate\_\_\_\_\_

Maiden Name\_\_\_\_\_

Cell# (\_\_\_\_\_) \_\_\_\_\_ Tel# (\_\_\_\_\_) \_\_\_\_\_

### LIST EVERYONE WHO LIVES IN THE HOUSEHOLD, BEGIN WITH YOURSELF ON THE FIRST LINE

Full Name	Relationship	Marital Status	Birthdate	Age	Social Security Number	Most Recent School Attended	Grade
_____	Self	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### LIST ALL CHILDREN OF ADULT HOUSEHOLD MEMBERS WHO DO NOT LIVE WITH YOU. INCLUDE ALL CHILDREN OVER 18

Full Name	Birthdate	Address	Employer	Name of Guardian if child is under 18
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### LIST MARITAL HISTORY OF ALL ADULT HOUSEHOLD MEMBERS

Your Name	Spouse's Name	Date of Marriage	Place of Marriage City/Town/State	Legal Status (Divorce/Sep/Widow)	Date of Div/Sep/Wid	Custody of Children
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### LIST ADDRESSES FOR ALL ADULT HOUSEHOLD MEMBERS FOR THE LAST TWO YEARS, BEGIN WITH THE PRESENT ADDRESS

Street Address, Room or Apt. #	Town / City / State	From (Month / Date / Year)	To (Month / Date / Year)
_____	_____	_____ to _____	_____ to _____
_____	_____	_____ to _____	_____ to _____
_____	_____	_____ to _____	_____ to _____
_____	_____	_____ to _____	_____ to _____

Has any household member applied for or received assistance from any other city, town, or state welfare office? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where? \_\_\_\_\_ Who?\_\_\_\_\_ When? \_\_\_\_\_ What type of assistance? \_\_\_\_\_

**LIST YOUR PARENTS AND THE PARENTS OF YOUR SPOUSE, ROOMMATE OR COHAB**

Your Name \_\_\_\_\_ Spouse, Roommate or Cohab Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father \_\_\_\_\_ Tel# \_\_\_\_\_ Father \_\_\_\_\_ Tel# \_\_\_\_\_

Full Address \_\_\_\_\_ Income \_\_\_\_\_ Full Address \_\_\_\_\_ Income \_\_\_\_\_

Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_ Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_

Mother \_\_\_\_\_ Tel# \_\_\_\_\_ Mother \_\_\_\_\_ Tel# \_\_\_\_\_

Full Address \_\_\_\_\_ Income \_\_\_\_\_ Full Address \_\_\_\_\_ Income \_\_\_\_\_

Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_ Employer \_\_\_\_\_ Date of Death if Deceased \_\_\_\_\_

**LIST MILITARY SERVICE RECORD FOR ALL HOUSEHOLD MEMBERS - INCLUDE NATIONAL GUARD AND RESERVE DUTY**

Name \_\_\_\_\_ Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Type of Benefits \_\_\_\_\_ Date / Amount of Last Pay \_\_\_\_\_

**LIST CURRENT AND LAST THREE EMPLOYERS FOR ALL HOUSEHOLD MEMBERS. INCLUDE SELF EMPLOYMENT, SUBCONTRACTING, INTERNET SALES, ETC. INCLUDE EMPLOYMENT OF ALL MINORS**

Name \_\_\_\_\_ Employer \_\_\_\_\_ Date Last Paid \_\_\_\_\_ Amount Last Paid \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL MEDICAL, ILLNESS, ACCIDENT AND/OR INJURY INFORMATION**

Is any member of the household under doctor's care? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Name \_\_\_\_\_ Doctor's name, address and tel# \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

Name \_\_\_\_\_ Doctor's name, address and tel# \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medications \_\_\_\_\_

Is any member of the household **unable** to work? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Check Reason: Non Work-Related Accident \_\_\_\_\_ Non Work-Related Illness \_\_\_\_\_ Work-Related Accident \_\_\_\_\_ Work-Related Illness \_\_\_\_\_

Date of Illness, Accident or Injury \_\_\_\_\_ If work related, list date Workers Comp. claim filed \_\_\_\_\_ Date able to return to work \_\_\_\_\_

If work related, list name and address of employer \_\_\_\_\_ Tel# \_\_\_\_\_

Doctor's name and address \_\_\_\_\_ Tel# \_\_\_\_\_

Insurance Co. name and address \_\_\_\_\_ Tel# \_\_\_\_\_



**LIST ALL VEHICLES OF ALL HOUSEHOLD MEMBERS INCLUDING, MOTORCYCLES, RV'S, ATV'S, BOATS, ETC.**

Year	Model	State and Plate #	Registered To	Own _____ Lease _____ Own _____ Lease _____	Loan _____ Borrow _____ Loan _____ Borrow _____	Date of Purchase	Purchase Price	Date of Last Payment	Amount of Payment
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**LIST ALL REAL ESTATE PROPERTY OWNED BY ALL HOUSEHOLD MEMBERS – INCLUDE TIMESHARES, etc.**

Does any household member own any property(ies)? Yes \_\_\_\_\_ No \_\_\_\_\_ Property Address(es) \_\_\_\_\_

Owner(s) name(s) \_\_\_\_\_ Purchase date \_\_\_\_\_ Purchase price \_\_\_\_\_ Date of last payment(s) \_\_\_\_\_

Monthly mortgage(s) payment(s) \$ \_\_\_\_\_ Are taxes escrowed? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of property tax bill \_\_\_\_\_

Multi or Single family? \_\_\_\_\_ Rental income property? \_\_\_\_\_ Amount of monthly rental income \_\_\_\_\_ Date last received \_\_\_\_\_

Foreclosure pending? \_\_\_\_\_ Does any household member own any other real estate including timeshares? Yes \_\_\_\_\_ No \_\_\_\_\_ Address \_\_\_\_\_

**RENTAL INFORMATION** Landlord's name \_\_\_\_\_ Address \_\_\_\_\_ Tel# (\_\_\_\_\_) \_\_\_\_\_

Rental amount \$ \_\_\_\_\_ Due weekly \_\_\_\_\_ Due every two weeks \_\_\_\_\_ Due monthly \_\_\_\_\_ Do you have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_

List all names on the lease \_\_\_\_\_ Is there a co-signer? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of co-signer \_\_\_\_\_

Date rent last paid \_\_\_\_\_ Amount of last payment \_\_\_\_\_ Rental period from \_\_\_\_\_ to \_\_\_\_\_ Is the rent subsidized? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_ Which utilities are included in your rent? \_\_\_\_\_ How many bedrooms? \_\_\_\_\_

Do you have an Eviction Notice? Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration date \_\_\_\_\_ Have you been to court? Yes \_\_\_\_\_ No \_\_\_\_\_ Court date \_\_\_\_\_

Has any person or agency helped you with rent? If yes, who? \_\_\_\_\_ Amount paid \_\_\_\_\_ Date \_\_\_\_\_

**PROPERTY HISTORY** Has any household member had any real estate property or vehicles which have been sold, foreclosed, repossessed, traded, totaled or junked within the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_ List property/vehicle(s) \_\_\_\_\_

Date sold \_\_\_\_\_ Sale price \_\_\_\_\_ Date foreclosed \_\_\_\_\_ Date repossessed, traded, totaled or junked \_\_\_\_\_

<b>FEDERAL INCOME TAX</b>	<b>LIST EACH ADULT WHO FILED A 2016 _____ 2017 _____ 2018 _____ IRS TAX RETURN</b>				
Name	Date Filed	Where/How Filed?	Date Refund Rec'd	Amount Rec'd	# Of Dependents Claimed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ASSETS** Does any household member, INCLUDING CHILDREN, have any bank or credit union accounts (including business accounts), PayPal accounts, Direct Express cards, prepaid debit cards, or any other type of financial account(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ **List ALL financial accounts.**

Name	Name of Bank or Financial Institution	Savings Acct.	Balance	Checking Acct.	Balance	Name of Debit or Prepaid Card	Balance
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Has any household member had a bank, credit union acct. or any other financial account closed within the last 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_ What type of acct.? \_\_\_\_\_ Which bank, etc.? \_\_\_\_\_ Location \_\_\_\_\_

Does any household member have any of the following assets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the amount of each asset: 401K \_\_\_\_\_ 403b \_\_\_\_\_

Trust funds \_\_\_\_\_ Certificates of Deposit (cDs) \_\_\_\_\_ Mutual funds \_\_\_\_\_ Retirement acct. \_\_\_\_\_ Savings Bonds \_\_\_\_\_

Stocks \_\_\_\_\_ Deferred Compensation \_\_\_\_\_ Profit Sharing \_\_\_\_\_ Annuities \_\_\_\_\_ Other \_\_\_\_\_

Has any household member borrowed from, cashed in, or received disbursements from the above accounts within 6 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ List the date last received \_\_\_\_\_ Amount \_\_\_\_\_

**Is any household member a participant in, or has been the recipient of, any charitable fundraising or monetary gifts within the last 6 months?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount last received \_\_\_\_\_ Date last received \_\_\_\_\_ Source \_\_\_\_\_

**INSURANCE** Does any household member have any insurance policies such as; automobile, homeowner's, renter's, life or any other insurance policies? Yes\_\_\_ No\_\_\_ If yes, list the following details for all policies:

Name	Name of Insurance Co.	Type of Policy	Cash Value
_____	_____	_____	_____
_____	_____	_____	_____

**LIST IF ANY HOUSEHOLD MEMBER HAS APPLIED FOR OR IS CURRENTLY RECEIVING INCOME OR BENEFITS FROM THE FOLLOWING SOURCES. CHECK THE "NONE" BOX, ONLY IF BENEFITS HAVE NOT BEEN APPLIED FOR OR RECEIVED.**

	Name	Date Applied	Date Last Received	Amount	None
ANB (Aid to the Needy Blind) ___ OAA (Old Age Assistance)___					
APTD (Aid to Permanently and Totally Disabled)					
Boarders in your household					
Cash or any money available or set aside					
Disability – Short Term _____ Long Term _____					
Food Stamps					
Fuel Assistance: Rent _____ Heat _____ Electric _____					
Help from friends, relatives, employer, co-workers, etc.					
Maternity Benefits					
Medicaid					
Retirement Pension					
Severance Pay					
SS_____ SSD _____ SSI _____					
TANF _____ Relative Payee _____					
Unemployment Compensation					
Utility Allowance Benefit (from subsidized housing)					
Vacation Pay _____ Earned Time_____ Sick Time _____					
Veteran's Pension _____ Veteran's Disability _____					
WIC (Women, Infants & Children)					
Worker's Compensation					
Date and amount of last income/financial resource for each household member					
Other					

#### PAST / FUTURE RESOURCES

Is any household member expecting to receive, or has received any Inheritance \_\_\_Retroactive disability payment (SSD/SSI/APTD) \_\_\_\_\_ Insurance claim \_\_\_\_\_ Workers Comp. settlement \_\_\_\_\_ or any settlement including lump sum settlements within the last 6 years? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_ Amount received or expected \_\_\_\_\_ Date received or expected \_\_\_\_\_

Has any household member consulted with an attorney or presently working with an attorney for any reason, including a possible lawsuit? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_ Explain \_\_\_\_\_ Attorney's name / Tel# \_\_\_\_\_

#### GUARDIANSHIP / REPRESENTATIVE PAYEE

Does any household member have a Legal Guardian? Yes \_\_\_ No \_\_\_ and/or Rep. Payee? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Name of Legal Guardian or Rep. Payee \_\_\_\_\_ Tel# \_\_\_\_\_

Is any household member a Legal Guardian or Rep. Payee for anyone else? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

What benefits? \_\_\_\_\_ Name and Tel# of person(s) you are a Legal Guardian or Rep. Payee for \_\_\_\_\_

**ARE YOU OR ANY OTHER HOUSEHOLD MEMBERS WORKING WITH ANY OTHER AGENCIES?** Yes\_\_\_ No\_\_\_

Client Name \_\_\_\_\_ Agency \_\_\_\_\_ Contact Person \_\_\_\_\_ Tel# \_\_\_\_\_

Client Name \_\_\_\_\_ Agency \_\_\_\_\_ Contact Person \_\_\_\_\_ Tel# \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBERS ENROLLED IN HIGHER EDUCATION CLASSES**

Client Name \_\_\_\_\_ School \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Financial Aid Amount \_\_\_\_\_

Client Name \_\_\_\_\_ School \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Financial Aid Amount \_\_\_\_\_

**ABSENT PARENT /CO-PARENT INFORMATION FOR ALL CHILDREN WHO LIVE IN YOUR HOUSEHOLD**

1. Child's /Children's name(s) that have the same biological parent \_\_\_\_\_

Name of absent parent / co-parent \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Does the absent parent / co-parent have visitation or shared custody? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the arrangements? \_\_\_\_\_

Do you receive support from this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Are the payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_ Arrearages owed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the child support payments wage garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last received \_\_\_\_\_ Amount last received \_\_\_\_\_ Date next due \_\_\_\_\_

How is the support paid to you? Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Child Support Card \_\_\_\_\_ Other \_\_\_\_\_

Recent or upcoming court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of court hearing \_\_\_\_\_ Reason for hearing \_\_\_\_\_

2. Child's /Children's name(s) that have the same biological parent \_\_\_\_\_

Name of absent parent / co-parent \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Does the absent parent / co-parent have visitation or shared custody? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the arrangements? \_\_\_\_\_

Do you receive support from this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Are the payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_ Arrearages owed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the child support payments wage garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last received \_\_\_\_\_ Amount last received \_\_\_\_\_ Date next due \_\_\_\_\_

How is the support paid to you? Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Child Support Card \_\_\_\_\_ Other \_\_\_\_\_

Recent or upcoming court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of court hearing \_\_\_\_\_ Reason for hearing \_\_\_\_\_

3. Child's /Children's name(s) that have the same biological parent \_\_\_\_\_

Name of absent parent / co-parent \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Does the absent parent / co-parent have visitation or shared custody? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the arrangements? \_\_\_\_\_

Do you receive support from this parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Are the payments court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_ Arrearages owed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the child support payments wage garnished? Yes \_\_\_\_\_ No \_\_\_\_\_ Date last received \_\_\_\_\_ Amount last received \_\_\_\_\_ Date next due \_\_\_\_\_

How is the support paid to you? Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Child Support Card \_\_\_\_\_ Other \_\_\_\_\_

Recent or upcoming court hearings? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of court hearing \_\_\_\_\_ Reason for hearing \_\_\_\_\_

**LIST INFORMATION ON ALL MINOR CHILDREN THAT DO NOT LIVE IN YOUR HOUSEHOLD** (Request additional paper if necessary.)

1. Person paying support \_\_\_\_\_ Child's/Children's name(s) that have the same biological parent \_\_\_\_\_

Name, address and Tel # of parent/guardian with whom child resides \_\_\_\_\_ Relation to child \_\_\_\_\_

Name, address and Tel # of person receiving support payments (if different from the above) \_\_\_\_\_

Date last paid \_\_\_\_\_ Amt. last paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Wage garnishment \_\_\_\_\_ Court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Person paying support \_\_\_\_\_ Child's/Children's name(s) that have the same biological parent \_\_\_\_\_

Name, address and Tel # of parent/guardian with whom child resides \_\_\_\_\_ Relation to child \_\_\_\_\_

Name, address and Tel # of person receiving support payments (if different from the above) \_\_\_\_\_

Date last paid \_\_\_\_\_ Amt. last paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Wage garnishment \_\_\_\_\_ Court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

BASIC EXPENSES	Amount	Frequency Weekly or Monthly	Date Last Paid	Balance Due	Name on Bill
Rent / Mortgage	_____	Wk____ Mo____	_____	_____	_____
Food	_____	Wk____ Mo____	_____	_____	_____
Diapers	_____	Wk____ Mo____	_____	_____	_____
Gasoline for vehicle(s)	_____	Wk____ Mo____	_____	_____	_____
Household Supplies	_____	Wk____ Mo____	_____	_____	_____
Gas Utility	_____	Wk____ Mo____	_____	_____	_____
Electric	_____	Wk____ Mo____	_____	_____	_____
Oil	_____	Wk____ Mo____	_____	_____	_____
Prescriptions	_____	Wk____ Mo____	_____	_____	_____
<b>OTHER EXPENSES</b>					
Cable/Satellite	_____	Wk____ Mo____	_____	_____	_____
Car Payments	_____	Wk____ Mo____	_____	_____	_____
Cell Phone(s)	_____	Wk____ Mo____	_____	_____	_____
	_____	Wk____ Mo____	_____	_____	_____
Child Care	_____	Wk____ Mo____	_____	_____	_____
Court Fees, Fines, etc	_____	Wk____ Mo____	_____	_____	_____
Credit Cards	_____	Wk____ Mo____	_____	_____	_____
Internet Connection	_____	Wk____ Mo____	_____	_____	_____
Laundry	_____	Wk____ Mo____	_____	_____	_____
Personal Loans	_____	Wk____ Mo____	_____	_____	_____
Pet Expenses	_____	Wk____ Mo____	_____	_____	_____
Streaming Services	_____	Wk____ Mo____	_____	_____	_____
Rent to Own Items	_____	Wk____ Mo____	_____	_____	_____
Storage Unit	_____	Wk____ Mo____	_____	_____	_____
Telephone (landline)	_____	Wk____ Mo____	_____	_____	_____
Tobacco Products	_____	Wk____ Mo____	_____	_____	_____
Other	_____	Wk____ Mo____	_____	_____	_____
	_____	Wk____ Mo____	_____	_____	_____

**WHAT ASSISTANCE ARE YOU REQUESTING?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT IS THE REASON FOR YOUR REQUEST?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any household member ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_ If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Which state(s)? \_\_\_\_\_ List all felony convictions for all household members \_\_\_\_\_

\_\_\_\_\_

Is any household member presently on parole or probation? Yes\_\_\_\_ No\_\_\_\_ If yes, who? \_\_\_\_\_

Which city / town and state? \_\_\_\_\_ Name of parole / probation officer \_\_\_\_\_

Tel# \_\_\_\_\_ Provide details \_\_\_\_\_

\_\_\_\_\_  
**Applicant Name (PRINT)**

\_\_\_\_\_  
**Co-applicant Name (PRINT)**

\_\_\_\_\_  
**Spouse Name (PRINT)**

\_\_\_\_\_  
**Co-applicant Name (PRINT)**

**READ BEFORE SIGNING**

My/Our signature(s) below constitutes(s) the granting of my/our authority for the City of Manchester, NH Welfare Department to obtain verification and/or proof from all sources concerning my/our household's circumstances. All information supplied by me/us is subject to investigation and verification.

I/We have the right to request a Fair Hearing based on the receipt of an adverse action issued by the Welfare Official.

I/We, the undersigned, agree to repay the City of Manchester, NH Welfare Department for any assistance granted pursuant to RSA 165.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**

I/We authorize any relative, physician, landlord/rental agent, lawyer, banking/lending/financial institution, school department, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, health care provider, day care provider, mental health professional/facility, pharmacy, hospital, emergency care facility, ambulance service, funeral home/crematorium, rent-to-own business, police, sheriff, State Police, fire department, emergency medical technician, Red Cross, Salvation Army, food pantry, Internal Revenue Service, tax preparer, accountant, Department of Homeland Security, Social Security Administration, any state or county division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any town, city, county, state or federal department, shelter, domestic violence or crisis organization, religious/charitable organization, Department of Employment Security, Veteran's Administration, Southern New Hampshire Services, or any other person, company, organization or agency to release all information concerning my/our circumstances to the City of Manchester, NH Welfare Department.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

I/We authorize the City of Manchester, NH Welfare Department to release information concerning my/our circumstances to any relative, physician, landlord/rental agent, lawyer, banking/lending/financial institution, school department, check cashing service, employer, former employer, rental/leasing company, utility, insurance company, health care provider, day care provider, mental health professional/facility, pharmacy, hospital, emergency care facility, ambulance service, funeral home/crematorium, rent-to-own business, police, sheriff, State Police, fire department, emergency medical technician, Red Cross, Salvation Army, food pantry, Internal Revenue Service, tax preparer, accountant, Department of Homeland Security, Social Security Administration, any state or county division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any town, city, county, state or federal department, shelter, domestic violence or crisis organization, religious/charitable organization, Department of Employment Security, Veteran's Administration, Southern New Hampshire Services, or any other person, company, organization or agency.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-applicant Signature**

\_\_\_\_\_  
**Date**

**If you need a disability-related accommodation, notify front desk.  
 TTY access through Relay NH at 711**

**EACH ADULT HOUSEHOLD MUST INITIAL EACH STATEMENT BELOW SHOWING THAT YOU HAVE READ AND UNDERSTAND THE STATEMENT. PLEASE DO NOT HESITATE TO ASK QUESTIONS.**

I understand that if our household receives assistance, then our household members will be required to repay any assistance provided, if we are returned to an income status which enables us to reimburse the City without financial hardship.

(RSA 165:20-b) \_\_\_\_\_ (initials)

I understand that if our household receives assistance from the City, adult household members over 18 years of age may be required to participate in the work program to repay assistance.

(RSA 165:31) \_\_\_\_\_ (initials)

I understand that if our household receives assistance, the City may place a lien against any real estate property in which any household member owns. (RSA 165:28) \_\_\_\_\_ (initials)

I understand that if assisted, the City may place a lien against any property settlement, civil judgment for personal injuries, or property passing under the terms of a will, or by intestate succession.

(RSA 165:28-a) \_\_\_\_\_ (initials)

I understand that the City reserves the right to contact and pursue assistance and reimbursement from legally liable relatives.

(RSA 165:19) \_\_\_\_\_ (initials)

I understand that any changes in my circumstances must be reported to the Welfare Official within 3 working days.

\_\_\_\_\_ (initials)

I understand that misrepresentation or omission of information may result in suspension of assistance. I understand that the information and documentation I provide is subject to verification.

\_\_\_\_\_ (initials)

I understand that my case will be held open for 6 months from the date of last contact with this office. I understand that should I return to this office while my case is still open that I must demonstrate compliance with all prior Notices of Decision. This includes but is not limited to; providing proof of all income and financial resources received and receipts to verify that all monies have been used only as required on prior Notices of Decision. I further understand that my failure to comply with the requirements of this office will likely result in reduction, suspension, or ineligibility of assistance.

\_\_\_\_\_ (initials)

**VOLUNTARY QUIT LAW**

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

**DO NOT SIGN THE STATEMENT BELOW UNTIL AFTER THE END OF THE INTERVIEW.**

I hereby certify that all of the information I have provided both in writing and verbally to Manchester City Welfare is complete and true. I hereby certify that all notes and/or alterations written on my application by the caseworker(s) during the intake process accurately reflect my responses to questions and any additional information I provided. I understand that if I knowingly give false or misleading information or withhold or omit information related to my receipt of assistance, now or in the future, I may be determined ineligible for assistance and I may be prosecuted for a crime (i.e. RSA 641:3 – Unsworn Falsification and/or RSA 637:4 – Theft by Deception).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_