

**Town of Kingston, New Hampshire  
Human Services Department  
Application for Aid**

**Instructions:** Please fill out this application carefully and thoroughly. If you have any questions, contact the office at 603-642-3342 ext. 121. All information will be kept confidential per NH RSA 165:2(c).

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTHPLACE: City: \_\_\_\_\_ State: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: Single  Married  Separated  Divorced  Widowed

OTHER MEMBERS OF HOUSEHOLD		
Name	Age	Relationship

Do you have any relatives that live locally? Yes  No

Please list the following information of any relatives that live locally.

Name	Address	Relationship

ADDRESSES FOR THE PAST TWO YEARS				
Street	Town	State	From	To

DO YOU RENT OR OWN A HOUSE? Rent \_\_\_\_\_ Own \_\_\_\_\_

**FOR RENTERS:**

Name of landlord: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Amount of rent: \_\_\_\_\_ Frequency of rent payment: \_\_\_\_\_

Is a rental or lease agreement available? Yes \_\_\_\_\_ No \_\_\_\_\_

*Note: If an agreement is available, please include a copy with your application.*

Are you overdue on your rent payment? Yes \_\_\_\_\_ No \_\_\_\_\_

**FOR HOMEOWNERS:**

Name of mortgage company: \_\_\_\_\_

Amount of mortgage payment: \_\_\_\_\_

Due date of mortgage payment: \_\_\_\_\_

Are you overdue on your mortgage payment: Yes \_\_\_\_\_ No \_\_\_\_\_

*Please be aware that if aid is distributed, a municipal lien will be placed on your house. This lien will not be acted upon until your house is transferred or sold. NH RSA 165:28.*

ARE YOU A VETERAN? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Are you disabled due to your military service? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently receive any VA or DoD benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much do you receive and how often? \_\_\_\_\_

*Thank you and your family for your service!*

**EDUCATIONAL BACKGROUND**

Highest Grade Attended: High school \_\_\_\_\_ College \_\_\_\_\_ Post-college/graduate \_\_\_\_\_

Have you received any vocational training? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what have you received? \_\_\_\_\_

**EMPLOYMENT RECORD**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

If you are medically disabled:

When was the date of injury? \_\_\_\_\_

When was your last day of work? \_\_\_\_\_

Are you under treatment by a medical professional? Yes \_\_\_\_\_ No \_\_\_\_\_

When does your medical professional believe you may return to work? \_\_\_\_\_

*You will need to provide documentation from your medical provider of the nature of your disability and anticipated timeframe of your return to work.*

Please list your employment for the past 3 years with the most current first.

Name of Employer	Location	Length of Employment	Reason for Leaving	Wage/Salary

Amount of last wages: \_\_\_\_\_ Date received: \_\_\_\_\_

Please list the employment of any adults (age 18 or older) who live with you.  
*Per NH RSA 165:32, the employment of able-bodied adults, with exceptions, may be considered in determining level of need.*

Name of Adult	Name of Employer	Location	Wage/Salary

**OTHER SOURCES OF INCOME**

Please list non-public sources of income for your household.  
*Include child support, retirement/401k/pension, award arising from civil court proceeding, inheritance, lottery, etc.*

Source of Income	Amount	Frequency

Please list public sources of income for your household.  
*Include food stamps, disability, unemployment, state aid, federal aid, Social Security, tax refund, etc.*

Source of Income	Amount	Frequency

**OTHER ASSETS**

Please list any assets you own other than your home (if applicable).  
*Include cars/trucks, recreational vehicles, work equipment, etc.*

Asset	Value	Loan payment? (Y or N)	Amount of Payment	Payment Due Date

Please list your bank account information.

Name of Bank	Type of Account (checking, savings, etc.)	Balance

**EXPENSES OTHER THAN HOUSING**

Type of Expense	Amount	Frequency
Electricity		
Heating fuel		
Telephone/cell phone		
Internet		
Car insurance		
House insurance		
Medical insurance		

Please list any credit cards and other loans not detailed above and their balances.

*Town guidelines do not allow the payment of these balances, but providing this information is helpful in reviewing your financial situation as a whole.*

Type of Expense	Balance	Frequency

Thank you for providing this information. Please detail the assistance you are requesting:

ASSISTANCE REQUESTED: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

DURATION OF ASSISTANCE: \_\_\_\_\_

I HEREBY AFFIRM THAT ALL OF THE INFORMATION STATED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I MAY BE SUBJECT TO PENALTIES FOR MISREPRESENTATION PER NH RSA 165:1(b).

I UNDERSTAND THAT WHEN I AM FINANCIALLY ABLE, I WILL REPAY THE TOWN FOR THE SUPPORT PROVIDED PER NH RSA 165:20(b).

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

\_\_\_\_\_  
*Applicant's Signature* *Date*

\_\_\_\_\_  
*Co-Applicant's Signature* *Date*

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**

I AUTHORIZE AND REQUEST ANY RELATIVE, PHYSICIAN, LAWYER, BANKER, EMPLOYER, INSURANCE COMPANY, OR ANY OTHER PERSON OR ORGANIZATION HAVING INFORMATION CONCERNING MY ELIGIBILITY FOR GENERAL ASSISTANCE TO FURNISH SUCH INFORMATION TO THE WELFARE/HUMAN SERVICES OFFICIAL OF THE TOWN OF KINGSTON, NEW HAMPSHIRE.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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

I AUTHORIZE AND REQUEST ANY RELATIVE, PHYSICIAN, LAWYER, BANKER, EMPLOYER, INSURANCE COMPANY, OR ANY OTHER PERSON OR ORGANIZATION HAVING INFORMATION CONCERNING MY ELIGIBILITY FOR GENERAL ASSISTANCE TO FURNISH SUCH INFORMATION TO THE WELFARE/HUMAN SERVICES OFFICIAL OF THE TOWN OF KINGSTON, NEW HAMPSHIRE.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
DATE