



TOWN OF DEERING

APPLICATION FOR LOCAL WELFARE ASSISTANCE

General Information For Applicant

It shall be the right of any individual regardless of race, age, sex, religious or political affiliation to make application for local welfare assistance. All application forms and related material become the property of the Town of Deering and shall be considered confidential. Each application will be reviewed individually with the applicant or his representative before a determination of eligibility is made. Should the applicant be aggrieved by the ultimate determination of eligibility, the applicant/recipient shall be entitled to a fair hearing within seven (7) days of request.

Each applicant has the responsibility, at the time of application and continuing thereafter to:

1. Provide accurate, complete and current information concerning needs and resource
2. Notify the welfare office of changes in needs, resources or circumstances within 72 hours.
3. Apply for and utilize any benefits or resources that will reduce or eliminate the need for local welfare assistance.

IT IS UNLAWFUL for any applicant or recipient to knowingly make a false representation verbally, in writing, or by omission, as to his circumstances. Anyone who does so may be subject to criminal prosecution for such actions.

Upon application for Town assistance, applicants are required to provide the following:

1. Complete application in its entirety. Incomplete application will result in the delay of a decision on the requested assistance.
2. Submit verification of rent, electric, and any other expenses listed.
3. Applicants will be required to actively seek assistance from all other government programs or human service agencies.
4. Applicants who receive assistance are required to register with the Department of Employment Security within seven (7) days of application unless medical reasons prohibit (documentation from a doctor must be submitted.)
5. Failure to comply with the above requirements and/or requests of the welfare agent may result in automatic denial of assistance.
6. Any falsification of information may subject the applicant to criminal prosecution.

The Town has 72 hours to act on a completed application unless an immediate need exists that is a threat to the applicant's health.

All applicants are entitled to view a copy of the Town of Deering Welfare Rules and Regulations.

All applicants who are denied assistance are entitled to a fair hearing if the denial is appealed.

The Town has the right to file a lien against any real estate owned, or purchased within six years, by a recipient of local welfare assistance.

TOWN OF DEERING
EXAMPLES OF ACCEPTABLE DOCUMENTATION FOR WELFARE

Below are examples of what you must bring in for each household member.

Proof of Identity – Driver's license, passport, immunization records, school records.

Citizenship/Alien Status – Certified birth certificate, naturalization papers, alien card.

Social Security Number – You must provide or apply for social security numbers.

Residence/Shelter Expenses – Current bills, receipts, and/or canceled checks for all shelter expenses including rent, mortgage, property taxes, oil, gas, electric, insurance, telephone, cable, water and sewer. Landlord verification form may also be required.

Cash Resources – Documentation on **all** cash on hand, bank accounts, stocks, bonds, trust accounts, and retirement funds. Proof is shown by providing check registers, passbooks, bank or credit union statements, brokerage statements, etc. All documents must show updated balances from the financial institution.

Personal Property – Title, registration, bill of sale, and amount owed on all cars, trucks, campers, boats, motorcycles and snowmobiles.

Life Insurance – Actual policy must be provided, including any recent statements.

Real Estate – All documents relating to any and all real estate, including personal residence, rental property and business property. Documents should include deeds, mortgage, tax bill, insurance policies, purchase & sale agreements, and rental agreements.

Earnings – Pay stub or a letter from employer stating gross amounts earned. If self employed, your income tax statement from last year, profit/loss statement, and documentation of earnings and expenses for this year.

Child Support/Alimony/Divorce/Legal Separation – All court orders relating to your case and a letter from the person making payments to you including the amount and frequency of payments.

Other Income – A copy of the check, check stub, letter of award from the agency providing benefits, or a letter from the person making payments. Other income includes Social Security, SSI, VA Benefits, TANF, OAA, APTD, unemployment compensation, interest & dividends, disability benefits, contributions from friends/relatives, income from roomers/boarders, and any other income from any other source.

Employment Expenses – Pay stubs, receipts, canceled checks, evidence of mileage, or a statement from your employer regarding expenses for taxes, insurance, mandatory union dues, retirement plan, cost of mandatory uniforms or tools, child care, and transportation.

Student Status/Educational Expenses – A letter from the school indicating whether the student attends at least half time. A statement showing any amount and period covered by scholarships, grants or loans. A statements\ or receipt for tuition, fees, books, supplies, transportation and personal expenses related to the cost of school attendance.

Proof of Disability/Medical Expenses – Medical verification of disability/incapacity. Evidence of medical expenses including current receipts, canceled checks, bills from physicians, dentists, hospitals, and pharmacists. Evidence of health insurance premium including name of company, type of coverage, policy/claim number, and date coverage became effective.



**TOWN OF DEERING
APPLICATION FOR ASSISTANCE**

Date: _____
Name: _____ Social Security.# _____
Address: _____ Telephone # _____
Birthdate: _____ Age: ____ Birthplace: _____ Marital Status: _____ Date: _____
Name of Spouse: _____ Social Security # _____
Birthdate: _____ Age: ____ Birthplace: _____

How long have you been at your current address? _____

Previous addresses for the past two years:

Street	Town & State	From	To

For any child in your household with a parent who is not in the household please list:

Parent's Name	Age	Address	Occupation

For all household members (including self) please list:

Name	Age	Occupation	Income	Relationship

Do you rent? ____ Own? ____ Name of all owners: _____
Name of Landlord/Mortgage holder: _____
Relationship to landlord: _____ Date rent due: _____ Date last paid: _____
Has the landlord begun eviction? _____

Applicant's Relatives:

Name	Address	Relationship	Occupation

Spouse's Relatives:

Name	Address	Relationship	Occupation

Military Service of Applicant or Spouse:

Veteran: _____ Branch: _____ Dates served: _____
Discharge type: _____ Benefits: _____
Area served: _____

Applicant's Employment History:

Employer	Dates of Employment	Type of Work	Reason for Termination	Earnings

Are you registered with Employment Security? _____

Spouse's Employment History:

Employer	Dates of Employment	Type of Work	Reason for Termination	Earnings

Are you registered with Employment Security? _____

Type of Assistance Requested:

Reason for Request: _____

Duration of Assistance: _____

Financial Information:

Name of Bank	Type of Account	Account Number	Balance

Cash on hand: _____ Other personal property: _____

Stocks, bonds, shares, retirement funds (type & value): _____

Automobile Information:

Year	Make	Model	Registration #	Value	Monthly Payment

Insurance Information:

Type	Company	Cash Value (if any)	Monthly Premium

Applicant's income after taxes: \$ _____ per week / per month

Spouse's income after taxes: \$ _____ per week / per month

Other Sources of Income:

	Yes	No	Amount per month
TANF, APTD, OAA	___	___	\$ _____
SSI, SSDI or other disability payments	___	___	\$ _____
Social Security, Pension, Veterans Benefits	___	___	\$ _____
Annuity or Trust Funds	___	___	\$ _____
Relatives or Boarders	___	___	\$ _____
Unemployment Compensation	___	___	\$ _____
Support Payments (Child or Alimony)	___	___	\$ _____
Other Income (explain)	___	___	\$ _____

Have you or members of your household ever received any kind of public assistance? _____

When: _____ Type: _____ Source: _____ Amounts:
\$ _____

Does anyone in your household currently receive food stamps? _____ If yes, how much per month? _____

Does anyone in your household currently receive WIC or CSFP? _____ If yes, who? _____

Is anyone in your household covered by Medicaid, Medicare, or personal medical or dental insurance? _____
If yes, who, what type & what is the cost? _____

Have you or anyone in your household ever been sanctioned by a public assistance agency? _____
If yes, who, when & by what agency? _____

Does anyone in your household have a lawsuit pending which may result in a cash award or settlement? _____
If yes, please give the name & address of the attorney handling the case, and the household member involved.

Are there any problems with your current residence which you feel are, or may be, unsafe? _____
If yes, please give details:

Expenses:

Rent/Mortgage: _____ Amount \$ _____ per week / per month

Food (including food stamps used): _____ Amount \$ _____ per week / per month

Electric: _____ Amount \$ _____ per week / per month

Gas / Oil: _____ Amount \$ _____ per week / per month

Automobile Expenses: _____ Amount \$ _____ per week / per month

Other Debts (specify): _____ Amount \$ _____ per week / per month

Please state below any additional information you feel may impact your individual case.

