



Town of Salem, New Hampshire
Human Services

33 Geremonty Drive
Salem, New Hampshire 03079
(603) 890-2130 FAX (603) 893-3190

To Residents Requesting Services,

Thank you for reaching out to the Town of Salem Human Services Department. We are here to try and assist you through a crisis of not being able to provide for your basic needs.

To determine your eligibility for financial assistance we need to collect personal and financial information from and create a financial sheet based on your income and expenditure. Attached is an Application, Budget Sheet, List of Documents needed and a List of Referrals. You need to fill out the application and budget completely and provide all documents listed, otherwise we will be unable to assist you.

Once you have completed the application, budget and have all the documents you can call me for an appointment. If you need help filling out the forms or have any questions, please feel free to contact me at 603-890-2130 or lkent@salemnh.gov. I work Monday – Thursday 9:30 – 2:30.

Sincerely,

Leslie Kent
Director of Human Services

Town of Salem, NH
APPLICATION FOR ASSISTANCE

Date of Application _____ Referred by _____

General Information:

Name _____ Date of Birth _____

Address _____

Telephone _____ Social Security# _____ US Citizen? _____

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

Spouse/Co-Applicant Name _____ SS# _____

Assistance Requested _____

Reason for request _____

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

Where? _____ Under what Name? _____

List below all the people living in your household:

Full Name	Relationship	Date of Birth	Social Security #

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

Street	Town/City	State	Dates of Residence

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

Name	Agency Name	Contact Person

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Are you able to work now? _____ If not able Why? _____

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

Name	Employer	Pay	Weekly Biweekly	Employment Dates	Reason for Leaving

Household Assets:

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

Name	Bank/Credit Union/Cash App	Savings Balance	Checking Balance	Cash App Balance

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

Cash on hand (all household members)		CD's		Savings Bonds	
Mutual Funds		Annuities		Stocks	
Trust Funds		Retirement Accts.		Insurance Policies	
Motorcycles Recreational Vehicles		Property other than primary residence Location		Other Investments	
401k		Other Assets (please list)			

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

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____

Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____

Other Lump Sum Payment (explain) _____

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

Lawyer Name/Address _____ =

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Household Income

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

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

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Certifications and Signatures

I understand that if I receive assistance from the municipality I may be required to participate in the welfare work ("workfare") program. (RSA 165:31)

I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed, if I am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20-b).

I understand that if I am assisted the municipality may place a lien against any real property which I own. (RSA 165:28)

I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such a claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165-28a)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. (RSA 165:1-d)

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date

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APPLICATION FOR ASSISTANCE
Town of Salem NH Information Release

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

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

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form (if not applicant); Relationship to applicant

Date

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BUDGET

NAME:

DATE:

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Employment 1		Mortgage/Rent	
Employment 2		Taxes	
Employment 3		Condo Fees	
Unemployment		Electric	
SSI/SSDI		Heat	
Cash Benefits (Welfare)		Water/Sewer	
Child Support		Car Payment	
Retirement		Gas	
Food Stamps		Car Insurance	
WIC		Public Transportation	
Pension		Taxi/Uber	
Other		Food	
ASSETS		Basic Phone	
Savings Account		Personal Hygiene	
Retirement Account		Household (laundry, cleaning)	
CD's		Medications	
Vehicle		School Fees	
Home		Medical Bills	
Stocks/Bonds		Loans	
Other		Childcare/Daycare	
		Other	
TOTAL INCOME ONLY		DISCRETIONARY EXPENSES	
		Cable	
		Eating Out/Take Out (food, coffee, etc.)	
		Entertainment (movies, outings)	
		Alcohol	
		Cigarettes/cigars/vaping	
		Gambling	
		Pet	
		Club Fees (gym's, etc.)	
		Credit Card/Cash App Payment	
		Non-essential household items	
		Other	
		TOTAL EXPENSES	

DIFFERENCE INCOME vs. EXPENSES	
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Fill out all applicable boxes that include everyone in the household. You will need to present documents to back these up.



Town of Salem Human Services Documents Needed

Name: _____

Date: _____

To make a final determination on your application for help with the following documents are needed.

- ☐ Completed Application Form and Information Release
- ☐ Picture ID for all Adults in Household
- ☐ Social Security Card for all Adults in Household
- ☐ Birth Certificate for all Household Members
- ☐ Verification of injury/illness, Doctor's note
- ☐ Most recent 2 months Income Stubs (Work, Retirement, Workman's Comp, Unemployment, Severance Pay, Pension, Annuities, etc.) or any Income Received
- ☐ Approval Letter for SSI/SSDI, Cash Benefits, Food Stamps, FANF, Veteran's Benefits, WIC, Fuel/Electric Assistance, Widows Benefits
- ☐ 2 most recent months bank statements (savings, checking, cash apps., CD's, stocks, 401k, etc.) (including all pages)
- ☐ Most recent Tax Return
- ☐ Lease or Mortgage and Rental Assistance Letter (if applicable) (include all pages)
- ☐ Letter from Landlord saying how much you are behind in rent
- ☐ 2 most recent months Utility bills (electric, gas, water/sewer, oil) (include all pages)
- ☐ Auto Lease/loans
- ☐ Insurance Bills (Auto, homeowners, renters, health, life)
- ☐ 2 most recent months of other bills (tax, cable, phone, internet) (including all pages)
- ☐ 2 most recent months of Credit cards bills (including all pages)
- ☐ Statement of child support payments received/Child support court order
- ☐ Vehicle Registration (s)
- ☐ Other: _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance.

Client Signature