TOWN OF ANDOVER WELFARE INTAKE

{603-735-5332}

COMPLETE SECTION I: **DATE: _____** **Appt. Date /Time: _____**

Name: _____

Last / other names used **First** **Middle**

Physical Address: _____ _____

Street **Town or City** **How long at this address?**

Date of Birth: _____ **SS#** _____

Please list all other household members with ages: _____

Income Amount & Source: _____

What type of emergency assistance are you **requesting** at this time? _____

Have you **received** prior assistance from this office? ☐ Yes ☐ No If yes, when? _____

PHONE#: _____ CELL PHONE #: _____

_____ _____

Applicant Signature / Date **Signature of person completing form** (if not applicant)

********** **BELOW FOR OFFICE USE ONLY**: **********

Notes

DO NOT COMPLETE SECTION II: PROVIDE THE FOLLOWING **ITEMS CHECKED** AND/OR REQUESTED BELOW FOR YOUR APPOINTMENT **OR POTENTIAL ASSISTANCE COULD BE DELAYED.**

- ☐ Application Form – (Completed)
- ☐ Picture ID
- ☐ Last 4 Weeks RECEIPTS / BILLS
- ☐ **VERIFICATION YOU HAVE APPLIED TO THE FOLLOWING DHHS RESOURCES:**
  - FOOD STAMPS ☐ TANF ☐ MEDICAID ☐ APTD ☐
- ☐ Fuel Assistance Application/Appointment
- ☐ Rental Verification form completed by the Landlord & **COPY OF YOUR LEASE**
- ☐ Housing Authority /NH Housing Authority
- ☐ Employment Verification form ☐ Employment Termination Request form
- ☐ Verification of injury or illness (Medical Form)
- ☐ Verification of application for Unemployment Compensation
- ☐ You may be REQUIRED to provide documented JOB SEARCHES

VERIFICATION OF THE FOLLOWING RESOURCES:

- ☐ Child Support
- ☐ Unemployment Compensation
- ☐ SS / SSI / SSD
- ☐ TANF/APTD/OAA
- ☐ Last 4 weeks proof of income
- ☐ Checking Account/Debit Card (Statement)
- ☐ Savings Account (Bank Statement)