

FORM U
Town of Andover NH
UPDATE APPLICATION FORM

(Needs to be reviewed and updated for changes from first application at each time of request of assistance.)

DATE: _____ NAME: _____
Last First Middle

ADDRESS: _____
Street / # / Apartment Town Zipcode

TELEPHONE: _____

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING AT THIS TIME? _____

CHANGES OF ALL HOUSEHOLD MEMBERS: _____

LIST ALL CHANGES OF SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME. THIS INCLUDES CASH, SAVINGS AND CHECKING/BANK ACCOUNTS:

INDICATE ANY UPDATES OR CHANGES IN YOUR ASSISTANCE OR APPLICATIONS FOR FOOD STAMPS, CASH ASSISTANCE, SOCIAL SECURITY, FUEL ASSISTANCE, UNEMPLOYMENT, ETC.

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST REQUEST.

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 a crime.

SIGNATURE