

**TOWN OF EPPING  
WELFARE DEPARTMENT**

**THE FOLLOWING INFORMATION IS TO BE SUBMITTED WITH YOUR APPLICATION  
WRITTEN VERIFICATION THAT YOU HAVE APPLIED FOR ASSISTANCE TO THE STATE  
OF NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES, FOR ONE OF  
MORE OF THE FOLLOWING:**

- \_\_\_\_\_ RENTAL FORM (COMPLETED BY YOUR LANDLORD)
- \_\_\_\_\_ AFDC (AID TO FAMILIES W/DEPENDENT CHILDREN)
- \_\_\_\_\_ OAA (OLD AGE ASSISTANCE)
- \_\_\_\_\_ SSI (SUPPLEMENTAL SECURITY INCOME)
- \_\_\_\_\_ APTD (AID TO PERMANENTLY /TOTALLY DISABLED)
- \_\_\_\_\_ FOOD STAMPS
- \_\_\_\_\_ MEDICAID ASSISTANCE
- \_\_\_\_\_ GAS BILL (2 COPIES)
- \_\_\_\_\_ OIL BILL (2 COPIES)
- \_\_\_\_\_ ELECTRIC BILL (2 COPIES)
- \_\_\_\_\_ THREE COPIES OF YOUR PAYROLL STUBS (IF EMPLOYED)
- \_\_\_\_\_ WORKERS COMPENSATION (PAYROLL STUBS)
- \_\_\_\_\_ \*\* UNEMPLOYMENT BENEFIT (PAYROLL STUBS)
- \_\_\_\_\_ MOST RECENT BANK STATEMENT (MANDATORY)

**\*\* IF LAID OFF AND NOT COLLECTING UNEMPLOYMENT, THEN A STATEMENT FROM  
YOUR PREVIOUS EMPLOYER STATING YOU ARE LAID OFF/TERMINATED AND THE  
REASON**

**LANDLORD FORM**

This form completed by the landlord, must be returned to the Town of Epping Welfare Department for rental assistance.

Dear Landlord:

In order to determine rental assistance for your tenant it is necessary to have the following verification completed by you:

Name(s) on Lease: \_\_\_\_\_

Other Household Members: \_\_\_\_\_  
\_\_\_\_\_

Address of Rental: \_\_\_\_\_

Number of Rooms (Including Bedrooms): \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ per (Circle One) Weekly Bi-Weekly Monthly

Circle Which Utilities Are Included In Rental Amount:

Heat Electric Gas Water No Heat or Utilities

Date of Occupancy: \_\_\_\_\_

Last Date Rent Paid/Amount Paid \_\_\_\_\_ Date Rent Paid Until \_\_\_\_\_

If this apartment is subsidized, What Amount Does the Tenant Pay \$ \_\_\_\_\_

Does this apartment meet the square footage requirements of the housing ordinance (Circle One) Yes No

Does this apartment meet the sanitary requirements (Circle One) Yes No

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ \*\*Tax ID or SS# \_\_\_\_\_

Manager's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Manager's Address \_\_\_\_\_

**\*\*Failure to provide this information may result in 31% withholding of payment for tax purposes**

Note: Please attach payment history for tenant for past 2 months, if applicable.

**This form must be signed in the presence of a Notary Public:**

Landlord's or Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Before Me,

\_\_\_\_\_, My Commission Expires \_\_\_\_\_

**Notary Public**

**(LANDLORD TO READ OTHER SIDE OF THIS PAGE)**

If an applicant is eligible for assistance, the town typically pays current week's rent only. The town does not pay above the Guidelines. The voucher must be applied to the current week as indicated and must stop and all eviction procedures if any are in progress.

If eviction procedures have been initiated, I will require a notarized statement from you stating that should the Town of Epping assist with any portion of rent, said eviction process will be canceled. The Town of Epping will also require that payment history be provided for the last six (6) months and if there has been a problem from day one, an explanation will be required.

Your cooperation in this matter is greatly appreciated. I am confident that we can work together to make our community a better place to live. The town of Epping will provide general assistance to those in need and do so in an impartial and objective manner. However, the responsibilities for addressing the issues raised by general assistance requests does not fall on the town's shoulders alone. The Town has limited resources evenly to those in need. One of the ways that you can assist the Town in this endeavor is in attempting to ensure that your prospective tenants have the ability to pay the rent and utilities on an ongoing basis. Another is in working with the Town and other landlords to consider alternatives to local general assistance which may help meet the needs of our community.

Thank you for your willingness to assist in this matter. Please do not hesitate to contact me should you have any questions or comments.

Sincerely,

Phyllis E. McDonough  
Welfare Administrator, Epping

**Please note:**

**Application of Rents Paid by the Town of Epping**

- A.** Whenever the owner of property rented to a person receiving assistance from the Town of Epping is in arrears in tax payments or other debts owed to the Town, the Town may apply the assistance which the property owner would have received in payment of rent on behalf of such assisted person to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person. (RSA 165:4-a)
  
- B.** A payment shall be considered in arrears if more than thirty (30) days have elapsed since the mailing of the bill, or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13. (RSA 165:4-a) C. Delinquent property tax balances will be first priority, followed by delinquent other Town-owed debts.

**APPLICATION FOR AID**  
**MUNICIPALITY OR COUNTY OF \_\_\_\_\_**

Date of Application \_\_\_\_\_

Taken By \_\_\_\_\_

Referred By \_\_\_\_\_

Name \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_

Tel. # \_\_\_\_\_

Birthplace \_\_\_\_\_

Birthdate \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Spouse \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_

Tel. # \_\_\_\_\_

Birthplace \_\_\_\_\_

Birthdate \_\_\_\_\_

**MEMBERS OF HOUSEHOLD**

**AGE**

**RELATIONSHIP**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Address for past two years:**

\_\_\_\_\_

Town	Street	From	To
------	--------	------	----

\_\_\_\_\_

Town	Street	From	To
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Name of Landlord \_\_\_\_\_

Address \_\_\_\_\_

Amount of Rent \_\_\_\_\_ Date Rent Due \_\_\_\_\_ Date Rent Last Paid \_\_\_\_\_

**Husband's Parents**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Contact Information \_\_\_\_\_

**Mother's Parents**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Contact Information \_\_\_\_\_

**SERVICE RECORD**

Veteran \_\_\_\_\_ Branch \_\_\_\_\_ Dates Served \_\_\_\_\_

Honorable Discharge \_\_\_\_\_ Benefits \_\_\_\_\_ Area Served \_\_\_\_\_

**APPLICANT**

EMPLOYEE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

Amount of Last Wages \_\_\_\_\_ Date Received \_\_\_\_\_

**SPOUSE**

EMPLOYEE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

Amount of Last Wages \_\_\_\_\_ Date Received \_\_\_\_\_

**OTHER SOURCES OF INCOME**

Yes                      No                      Amount

AFDC, APTD, CAA \_\_\_\_\_

SSI \_\_\_\_\_

S.S. \_\_\_\_\_

Pension \_\_\_\_\_

Annuity or Trust Fund \_\_\_\_\_

Income from relatives or boarders \_\_\_\_\_

Unemployment Comp \_\_\_\_\_

Support Payments \_\_\_\_\_

Food Stamps – Amt. and purchase price \_\_\_\_\_

Other \_\_\_\_\_

Have you ever received any kind of public assistance?

Source \_\_\_\_\_

When \_\_\_\_\_

Amount \_\_\_\_\_

**Resources of Household**

Savings Account \_\_\_\_\_

Bank/Credit Union \_\_\_\_\_

Property \_\_\_\_\_

Mortgage \_\_\_\_\_

Insurance \_\_\_\_\_

Company \_\_\_\_\_

Automobile \_\_\_\_\_

Amount of Payments \_\_\_\_\_

Other \_\_\_\_\_

Cash on Hand \_\_\_\_\_

REQUIREMENTS OF FAMILY

Assistance Requested \_\_\_\_\_

Reason for Request \_\_\_\_\_

Duration of Assistance \_\_\_\_\_

Rent \_\_\_\_\_ Food \_\_\_\_\_ or Cost of Food Stamps \_\_\_\_\_

Electricity \_\_\_\_\_ Telephone \_\_\_\_\_

Fuel \_\_\_\_\_ Other \_\_\_\_\_

**I UNDERSTAND I SHOULD REPAY THE TOWN OF EPPING FOR ANY ASSISTANCE I AM GIVEN IF I AM ABLE TO.**

**I HEREBY AFFIRM THAT ALL THE INFORMATION STATED HERIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I MAY BE SUBJECT TO PENALTIES FOR MATERIAL MISREPRESENTATIONS.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I AUTHORIZE AND REQUEST ANY RELATIVE, PHYSICIAN, LAWYER, BANKER, EMPLOYER, INSURANCE COMPANY, FRATERNAL ORDER, OR ANY OTHER PERSON OR ORGANIZATION HAVING INFORMATION CONCERNING MY ELIGIBILITY FOR GENERAL ASSISTANCE TO FURNISH SUCH INFORMATION TO THE WELFARE OFFICIAL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature