

Town of Sandown, NH

Community Assistance Policies & Guidelines

A. General Information:

It is the responsibility of all New Hampshire towns to give general assistance of any person eligible to receive aid regardless of race, age, sex, religious or political affiliation. This aid is in the form of temporary emergency aid (food, shelter, heat and utilities) in cases where health and safety are in jeopardy.

For all cases, the applicant must meet the eligibility requirements of the town of Sandown and remain eligible according to those requirements.

You will be given a packet of documents to complete and return to the town office. If they are found to be incomplete, they will be returned for completion prior to the determination of assistance. All forms and information shall be considered and remain confidential.

Upon receipt of all information, you may be put on the agenda of the next scheduled Selectmen's meeting. At any time, you will be asked any questions that the Selectmen feel necessary to reach a decision. All sessions with the Selectmen will be in private and all information is kept completely confidential.

B. Assistance Amounts

Please be aware that any and all assistance is to be repaid to the town as soon as possible. If you are a property owner, a lien will be placed against your property for the amount of the assistance given. As reimbursement payments are made to the town, lien releases will be given in the amount of the payments. Per RSA 165:28, the town has the right to collect on these liens and to charge 6% interest on the balance one year after the lien was recorded.

Should the applicant be aggrieved by the Board's ultimate decision, he/she has the right to submit a written appeal requesting an appointment with the Board at the next scheduled meeting.

The town of Sandown has established the following maximum amounts available as assistance:

Rent/Mortgage:

A maximum of \$900 per month for a 1 bedroom home/apartment and \$950 per month for a 2+ bedroom home/apartment will be considered for any month.

Food:

Emergency Food Vouchers can be issued for food needs prior to your interview. Vouchers can only be used for those items noted on the form. Thereafter, a maximum of \$40 per person per week will be given upon approval of the assistance request. Applicants are encouraged to request help with food needs from the Sandown Community Food Pantry or from Rockingham County Community Action in Salem, NH. When food vouchers are issued, recipients are expected to use coupons to offset the cost of items purchased.

Utilities:

Utilities will be considered only after a disconnect notice has been received. A copy of this notice must be submitted to the town office as soon as it is received. Applicants are encouraged to set up payment plans with the utility companies prior to seeking assistance from the town. An amount of \$125 per month for electricity and \$35 per month for telephone will be considered for any month when assistance is requested.

Heat:

Emergency oil/gas supplies can be given as need dictates. Assistance applicants will be directed to the applicable State agencies for long-term assistance. Applicants are encouraged to watch local newspapers for dates and times of fuel assistance interviews scheduled by the Rockingham County Community Action Agency. An amount of \$200 per month for oil or gas will be considered for any month when assistance is requested.

Excluded Items:

The following items will not be considered for assistance payments:

Personal installment loans	Loans owed to Relatives and/or friends
Amounts owed to gasoline companies	Medical bills (except emergencies)
Cable TV payments	Vehicle payments
Insurance payments	Credit card payments

C. Repayment:

The applicant should be aware of the procedures that the town may follow to recover assistance payments.

From the recipient - The town may seek to recover assistance funds given for up to six (6) years after the time that the aid is given (RSA 165:25). Occasional reminders may be sent to assisted persons.

Liens on recipient's real estate - If the applicant owns real estate and assistance is given, the lien will be placed on the property. Liens will be reduced as repayment is made to the Community Assistance Policies & Guidelines

town. Under RSA 165:28 the town has the right to collect on these liens and to charge 6% interest on the balance one year after the lien was recorded.

Liens on civil judgments - RSA 165:28A grants the town a lien on any civil judgment for personal injuries, property settlement or any property passing under a will or by intestate succession (i.e. passing by inheritance without a will).

Legally liable relatives - RSA 165:19 provides for recovery of assistance funds from father, mother, stepfather, adult son/daughter, husband or wife of the applicant.

Recovery of funds via application to delinquent tax bills RSA 165:4A permits town assistance payments to be applied to the landlord's delinquent property taxes regardless of whether the property is occupied by the assistance recipient.

Municipal Work Programs - Per RSA 165:30, town assistance applicants may be asked to reimburse the town by working at an appropriate position at the prevailing rate of pay provided there are not medical problems that may prevent this. (Documentation of medical problems are required to be submitted to the Board of Selectmen along with any work restrictions set by physician).

D. Verification needed for assistance:

In order to apply for general community assistance the following information must be submitted prior to your interview with the Selectmen. Failure to submit the required verification will delay processing of your application.

- 1. Proof of identification (picture i.d., license, birth certificate, tax bill).**
- 2. Proof of residence (current rent/mortgage agreement/payment, copy of current tax bill).**
- 3. Proof of income (copy of four most recent paycheck stubs and copy of current year's income tax form)(1040 or 1040A).**
- 4. Proof of personal property (make/year of all vehicles owned by members of the family).**
- 5. Proof of cash resources (checking, savings accounts and showing most current balances, stock/bonds, investments).**
- 6. Proof of ownership of property in other towns or States.**
- 7. Proof that you have applied for the following, if eligible:**

VA benefits	AFDC
Social security	Old age assistance
Workers compensation	AFTD - Disabled
AFDC-IP - Disabled Parent	Food Stamps
Fuel assistance	Unemployment benefits
- 8. Doctor's statement if unable to work for either physical or mental/emotional reasons (extent of disability and duration).**

Applicants should contact Community Action at 1-893-9172 and the NH Health and Human Services Department at 1-800-852-7492 to determine eligibility for State assistance. You must apply for, and utilize, any benefits or resources that will reduce, limit or eliminate the need for general assistance from the town of Sandown. This may include:

1. NH Div. Of Human Svces. (Food Stamps, Medicaid, AFDC, etc.)
Phone #1-800-852-7492
2. Rockingham County Community Action Program (Fuel assistance, crisis assistance, etc.) Phone #893-9172
3. Rockingham County Women's/Infant's, Children's Program (WIC)
Phone #1-800-WIC-4321

If assistance is granted by the town, you will be required to submit weekly job search reports to the office by 7:00 pm every Monday (must contain at least 5 contacts per week).

~Sandown Assistance Application~

Applicant's Name _____ **SS #** _____

Address _____ **How long there?** _____

Age _____ **Birthdate** _____ **Phone #** _____

Marital Status:

Single ____ **Married** ____ **Divorced** ____ **Widowed** ____ **Separated** ____

If divorced, when: Date _____ **Place** _____

Name of spouse or former spouse _____

Address of spouse or former spouse _____

Spouse's Age _____ **Date of Birth** _____

Members of Household	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please circle your source of referral to this office:

Self **Church** **Friend** **Landlord** **School** **State Agency**

Family **NH Div. Of Human Svcs.** **Utility Company** **Shelter** **Employer**

Other _____

Information Authorization:

I authorize and request any relative, physician, lawyer, banker, employer, insurance company, fraternal order, state agency or any other person or organization having information concerning my eligibility for general assistance to furnish such information as requested by the community assistance official.

Signature _____ **Date** _____

Reason for request for assistance _____
In what area do you need assistance (rent, food, etc.) _____
What amount are you asking the town to provide? _____
Expected duration of assistance (#of weeks, months) _____
Date when you expect to begin reimbursing the town _____
Amt. Of payment you can afford on a weekly or monthly basis _____

Have you ever received community assistance before? _____ If yes, attach a sheet listing which towns and/or organizations, dates of assistance and the assistance provided.

When was the last time that you received assistance from the town of Sandown or any other source?

The following figures are maximum eligibility requirements for the town of Sandown. These requirements are intended to be sufficient to relieve and maintain someone who is unable to support his/her basic needs.

Rent/mortgage	\$900/month for 1 bedroom \$950/month for 2+ bedrooms
Food	\$40/week per person
Telephone	\$35/month (no toll calls)
Electrical	\$125/month
Fuel	\$200/month
Water	\$20/month
Childcare	\$220/month

Is fuel and/or electric included in your rent payment? _____

Do you own a car? _____ More than one? _____

Make and year of all vehicles _____

If less than two years at current address, list previous address:

Current rent/month _____ Date due _____

Last paid _____ Have you received an eviction notice? _____

If yes, date of receipt? _____ If you are seeking assistance to relocate, name of new landlord? _____

Address of your new residence? _____

Husband's Parents

Father_____Mother_____
Address_____Address_____
Phone#_____Phone#_____
Employed by_____Employed by_____

Wife's Parents:

Father_____Mother_____
Address_____Address_____
Phone#_____Phone#_____
Employed by_____Employed by_____

Are you a Veteran?

Branch Dates of Service Discharge Type Area of Service

Other Children - Please list all children from previous marriages:

Please Note: NH law provides for recovery of assistance money from relatives. If you are unable to repay the town, action can be taken against your relatives to recover any assistance.

Expenses:

Please list below your monthly expenses for those items listed:

Rent/mortgage_____Phone_____Electricity_____

Have you received disconnect notices for any utilities?_____

Name of Utility Company_____ **Date of Disconnect**_____

Cost of Food Per month_____ **Cost of propane/oil per month** _____

Monthly car payment(s)_____

Additional Income (All members of household)

	Yes	No	Amount
Cash on Hand	_____	_____	_____
AFDC,APTD,OAA	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Annuity or Trust Fund	_____	_____	_____
Workmen's Compensation	_____	_____	_____
SSI	_____	_____	_____
Income from Relatives/Friends	_____	_____	_____
Child support	_____	_____	_____
Alimony	_____	_____	_____
Food stamps	_____	_____	_____
Disability	_____	_____	_____
Any other income	_____	_____	_____

Explain:

Bank Information:

Name of Bank_____ **Address**_____

Checking Acct#_____ **Balance**_____

Savings Acct.#_____ **Balance**_____

List below any and all stocks, cds, mutual funds or other liquid assets:

List below property owned in Sandown or any other location whether owned alone or jointly_____

Work Record:

Applicant

Employer_____

Name of Supervisor_____ **Phone #**_____

Length of Employment_____ **Type of Work**_____

Reason for leaving_____

Earnings per week/month (circle one)_____

Amt. of last wages earned_____ **Date Received**_____

Spouse

Employer_____

Name of Supervisor_____ **Phone#**_____

Length of Employment_____ **Type of Work**_____

Reason for leaving_____

Earnings per week/month (circle one)_____

Amt of last wages earned_____ **Date Received**_____

Other working members of the household (specify relationship)

Employer_____

Length of Employment_____ **Type of Work**_____

Reason for leaving_____

Earnings per week/month (circle one)_____

Amt. of last wages earned_____ **Date Received**_____

Acknowledgements

I understand that I should repay the town of Sandown for any assistance that I am given beginning at a time agreed upon by myself and the Board of Selectmen.

I understand that, if I own real estate, a lien will be attached to my property for the amount of assistance given. The lien will be reduced as repayments are made to the town. I also understand that 6% interest will be charged on the balance one year after the lien was recorded.

I understand that NH law provides for recovery of assistance given from my relatives if I am unable to repay the town.

I understand that the town of Sandown may request me to work for the town as a method of repayment of assistance given.

I understand that I am required to return to the town office a work search record each week by Monday at 7:00 pm and that a minimum of 5 contacts are required per week. I also understand that failure to return this work search record may disqualify me from continued or future assistance.

I understand that, should there be any change in my address, living arrangements, number of persons in household, medical condition or financial situation, I will advise the town's community assistance administrator in a timely fashion (within 48 hours). Failure to comply could result in my assistance being terminated.

Misrepresentation

I, hereby, affirm that all the information stated in this application is true to the best of my knowledge and belief and that I may be subject to penalties for material misrepresented. I, further, understand that any misrepresentation given on this application would cancel all aid from the town of Sandown and may result in court action for recovery.

Signature of Applicant

Signature of Spouse

Date

Date

Reimbursement Agreement

I agree to reimburse the town of Sandown for community assistance, if possible, at some future date. Such recovery of these expenses will be through a program of repayment per RSA 165:20-B and all amendments thereto.

Signature of Applicant

Signature of Applicant

Date

Date

Municipal Work Program

In accordance with RSA 165:31 and all amendments thereto, I agree to participate in the municipal work program if I am able to. The town will apply the amount of wages I would have received for the hours worked to the amount of town assistance rendered to me. I will notify the town of Sandown if I am unable to keep the appointment to begin participation in the program.

Signature

Date