



TOWN OF RINDGE – WELFARE DEPARTMENT

30 PAYSON HILL ROAD, RINDGE NH 03461

PH. (603) 899-5181 x 112 FAX (603) 899-2101 TDD 1-800-735-2964

www.rindgenh.gov

2026 Application

How to Apply for Assistance

1. Call (603)-899-5181 to make an in-person appointment
2. Fill out this Application
3. Bring this application and all paperwork listed below that applies to you to your appointment. If you cannot come in, please mail the application or drop it off at Town Offices.
4. You can apply once a month, and the total assistance amount is for that month.

5. **BRING THE BELOW PAPERWORK TO YOUR APPOINTMENT:**

- This application. Sign the last 2 pages
- Copy of your rental lease or the mortgage statement for the most recent month
- Pay stubs for all working adults in the household for the last 4 weeks, or 2 weeks if you are paid bi-weekly
- Unemployment notice if receiving unemployment benefits.
- Most current Electric bill – ALL PAGES
- Most current Fuel Statement LAST 30 DAYS
- Most current Banking Statements for all accounts – ALL PAGES
- Most current Retirement or Pension statement
- List of medications purchased in the LAST 30 DAYS from the pharmacy
- Most recent Childcare statement
- Any home or car repair receipts paid in the LAST 30 DAYS
- Social Security Statement or Disability letter
- Food Stamps, SNAP, TANF, APTD or other assistance letter
- Health Insurance bill
- Child Support Order
- Worker’s Compensation letter
- Doctor’s note if you cannot work
- Roommate letter showing what you each pay
- IRS Tax Return showing refund if received in the LAST 2 MONTHS

IF YOU CANNOT FIND THE REQUIRED PAPERWORK - CALL:

- Your **BANK** to fax ACCOUNT TRANSACTIONS FOR ALL ACCOUNTS FOR LAST 30 DAYS.
- Your **EMPLOYER** to fax LAST 4 PAYCHECKS FOR ALL WORKING ADULTS IN THE HOME.
- Your electricity provider or **EVERSOURCE**, to ask them to fax the MOST RECENT BILL.
- Your **FUEL SUPPLIER** to fax a statement for the LAST 30 DAYS.
- Your **PHARMACY** to fax a statement for the LAST 30 DAYS
- Your **CHILDCARE** to fax a statement for the LAST 30 DAYS

FAX #: 603-899-2101



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2026 Application Application for General Assistance

Date: _____

Applicant Name: _____ Phone # 1: _____

Co-Applicant Name: _____ Phone # 2: _____

Physical Address: _____ Move in Date: _____

Do you Rent or Own? Rent: ___ Own: ___ Married: ___ Single: ___ Partner: ___ Roomate: ___

HELP NEEDED:

Rent: ___ Electric: ___ Heat: ___ Food: ___ Medications: ___ Other: _____

Have you applied for assistance in another town? No ___ Yes ___ at _____

PEOPLE IN HOUSEHOLD:

Full Name	Relationship	Date of Birth/Age	Social Security #

For split custody, how many days of the month do kids live with you? _____ Not Applicable _____

Rent - \$ _____ / month Total Rent Due: _____ Number of Bedrooms: _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____

Mortgage - \$ _____ / month Total Past Due \$ _____

Lender Company Name: _____

Address: _____

Banking: Savings Account Balance: \$ _____ Checking Account Balance: \$ _____

Retirement: Account Balance: \$ _____ Stocks/Bonds Balance: \$ _____



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Employer Name: _____ **Phone Number:** _____

Co-Applicant Employer: _____ **Phone Number:** _____

Can you work now? Yes _____ No _____ If no, why not? _____

Vehicles:

Year: _____ Make: _____ Model: _____ Amount Owed: \$ _____

Year: _____ Make: _____ Model: _____ Amount Owed: \$ _____

Own: Motorcycle _____ Boat _____ Snowmobile _____ ATV _____ RV _____ Total Value: \$ _____

INCOME:

Type of Income	Amount	Day of Month Received? Weekly, Monthly, Bi-weekly?
Employment/Wages	\$	
Adoption Payments	\$	
Aid to the Needy Blind	\$	
Aid Perm/Totally Disabled	\$	
Child Support	\$	
SNAP/Food Stamps	\$	
Fuel Assistance	\$	
Gifts/Inheritance	\$	
Insurance Claim Payments	\$	
Maternity Benefits	\$	
Old Age Assistance	\$	
Retirement or Pension	\$	
Severance/Vacation Pay	\$	
Social Security Disability	\$	
Social Security	\$	
Temporary Aid Needy Family	\$	
Unemployment	\$	
Vocational Rehab Income	\$	
Workers Comp Claim Funds	\$	



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MONTHLY EXPENSES: Please list the monthly amounts you spend monthly

Pet Food	\$	Car Payment	\$
Cigarettes	\$	Car Insurance	\$
Phone	\$	Gasoline	\$
Cable	\$	Classes/Courses	\$
Internet	\$	Car Repairs	\$
Fast Food/Coffees	\$	Home Repairs	\$
Trash Pick Up	\$	Medications	\$
Personal Loan	\$	Life Insurance	\$
Alcohol	\$	Rent/Lot Rent	\$
Credit Card	\$	Mortgage/Condo	\$
Rent-to-Own	\$	Fuel Oil	\$
Car Inspection	\$	Renters Insurance	\$
Fines/Court Fees	\$	Home Insurance	\$
Diapers	\$	Household	\$
Electric	\$	Childcare	\$
Food	\$	School Loan	\$
Laundry	\$	Funeral	\$
Bank Fees	\$	Registration	\$
Child Support	\$	Dentist/Medical Bills	\$
Health Insurance	\$	Other:	\$

DISCLOSURES: I understand I will be required to look for work, repay assistance, and that if I own real estate, a lien will be placed on it or against a property settlement within 6 years. If I have a lawsuit or workers' compensation claim or social service aid pending, I will list it on this application. I will notify the welfare office if I receive money from a settlement, claim, or gift. I understand that if I quit a job without good cause, I will be ineligible from seeking employment for 30 days. Information provided is complete to the best of my knowledge and I understand I may be prosecuted if presenting false information. I must provide requested documentation before a determination is made. If I get TANF and fail to follow regulations leading to being sanctioned, the town may disregard this reduction in income. (RSA 165)

Applicant Signature

Date

Co-Applicant Signature

Date



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Notice of Rights for General Assistance Recipients

You have the following rights:

1. You have a right to make a written application for assistance, even if the welfare officer tells you that you are not eligible.
2. You have a right to receive a prompt written decision telling you whether or not you will receive assistance each time you apply for assistance.
3. You have a right to have in writing the reason why you have been denied assistance or have been given only some of the assistance you requested.
4. You have a right to appeal any decision you do not agree with. You must appeal within five (5) business days after you received your decision.
5. You have a right to have a hearing to present your case.
6. You have a right to have your assistance continued if you are already receiving assistance when you request a fair hearing.
7. You have a right to review the information in your file before your hearing.
8. You have a right to see the guidelines used by the welfare officer in making decisions on your application.
9. You have a right to be given a written notice of conditions before you are suspended from receiving assistance for failing to obey guidelines.
10. You have a right to refuse to participate in a municipal workfare program or to conduct a job search if you must care for a child under the age of five (5), if you are disabled or ill, or if you must take care of a member of your family who is disabled or ill.



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Rental Verification Form

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Date: _____ Tenant's Name: _____

Address: _____ Apt #: _____ City: _____ State: _____

Number of Household Members: _____ List of Household Members: _____

Occupancy Date: _____ Security Deposit: \$ _____ Date Paid: _____

Rent Amount: \$ _____ Paid: Monthly _____ Weekly _____ Other: _____

If subsidized rent, please list the tenant's portion: \$ _____

Rent Includes - All utilities _____ No Utilities _____ Hot Water _____ Heat _____ Electric _____

Type of Heat - Electric _____ Oil _____ Gas _____ Other: _____

Date last rent was paid: _____ Amount Paid: \$ _____ Back Rent Owed: \$ _____

(If back rent is owed please attach accounting of months and amounts)

For IRS Reporting, the landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ OR Social Security #: _____

Check is to be made payable to: (please print) _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____ City: _____ State: _____

Name of Manager or Other Representative: _____

Landlord Signature

Date

NH EASY Authorization to View Case Status

You can fill out and submit this form if you want to allow an organization to view your NH EASY case status. Please read the form carefully to see what information the organization will be able to access, and make sure you agree with it.

Client's Name	DOB:(mm/dd/yyyy)	Case #, RID #, or MID# if known:
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Organization

I authorize the below organization to have view access to my NH EASY account:

Organization's Name:	Name and Title of the Person Representing the Organization:
Email Address for Organization:	Organization's Contact Phone Number:
Mailing Address for Organization: (street, city, state, zip)	Describe Your Relationship to this Organization:

Note: An organization must be an approved entity.

An organization that is not an approved entity must fill out [BFA Form 777 NH EASY Provider Enrollment](#) and select the option on the form "Apply & View/Update Case Info".

I understand that I am granting permission for the organization listed to access and view my case status in NH EASY for all programs, including SNAP, medical assistance, cash assistance, and the Child Care Scholarship program. This permission allows the organization to see all notices related to my case, which may include personal information about myself, my household, and our benefits.

The organization is authorized to upload documents on my behalf, view the status of my current applications, and check whether any programs associated with my case have been opened, denied, or closed. The release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to grant access to the organization I have named.

Revocation: I understand that I can revoke this authorization at any time by notifying DHHS in writing. I can send this statement to the Centralized Scanning Unit at PO Box 181, Concord, NH 03301, upload the statement to my NH EASY account, or contact DHHS at 1-844-ASK-DHHS (1-844-275-3447) or 603-271-9700.

Client or Legal Representative's Printed Name:	Client or Legal Representative's Signature:	Date:
If the signature above is not that of the person to whom the information pertains, please list the signer's relationship to that person:		

Digital signatures (Adobe Sign or DocuSign) are preferred for faster processing. If using a wet signature, please ensure the signed form is scanned clearly and submitted as instructed.

Please return either by uploading to your NH EASY account or mailing to:
 Central Scanning Unit, PO BOX 181, Concord, NH 03302.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

Mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

Fax: (833) 256-1665 or (202) 690-7442; or

Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.