

APPLICATION FOR GENERAL ASSISTANCE

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

PENALTY FOR FALSE REPRESENTATION. Whoever knowingly and willfully makes any false representation of a material fact to the overseer of any municipality or to the department or its agents for the purpose of causing that or any other person to be granted assistance by the municipality or by the State is guilty of a Class E crime and shall reimburse the municipality for that assistance. Further assistance may be denied until that person reimburses the municipality for the assistance or enters into a written agreement, which must be reasonable under the circumstances, to reimburse the municipality or that person has been ineligible for assistance for a period of 120 days, whichever period is longer.

(22 M.R.S.A. § 4315).

1. HOUSEHOLD (Please type or print)

Name of Applicant:		Date of Birth:	Place of Birth	Social Security Number:	Telephone numbers:	
					Home:	
					Cell:	
					Message:	
Mailing Address:					Length of Use:	
Physical Address:					Length of Residence:	
Most recent previous address:					Length of Residence:	
Applicant is: (Circle One)	Single	Has anyone in the HH ever applied for GA in the past? YES or NO	If yes,		Type of Assistance Received:	
Married	Divorced		Where:			
Separated	Widowed		When:			
Does anyone in your household have a warrant for their arrest as a result of a felony conviction?		If yes, who?	Have you reached the TANF 60 mo. Limit?		If yes, have you applied for an extension?	
Has your household applied for LIHEAP?	Does everyone receive SNAP benefits?	If so, how much?	Do you have a Government funded cell phone?		Has your household filed for an income tax refund?	
Did you or anyone in your household serve in the U.S. Military?	Has anyone applied for a VA pension?	Does anyone receive post-secondary Financial Aid?	Subsidized Housing?		Is everyone in the household a US citizen?	
			Utility Allowance? \$			
Total number of people in household:	Number seeking assistance:	Total # of people for whom applicant is seeking assistance:	Is anyone sanctioned by TANF?		If so, who and date:	
			Is anyone disqualified by GA?			
PEOPLE LIVING WITH THE APPLICANT		RELATIONSHIP	DOB	Birthplace	SOCIAL SECURITY #	Disabled(D) Veteran (V)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

NAMES AND ADDRESSES OF SPOUSE, EX-SPOUSE, PARENTS, GRANDPARENTS AND CHILDREN'S PARENTS WHO ARE NOT MEMBERS OF THE HOUSEHOLD

1. Name:		2. Name:	
Mailing Address:		Mailing Address:	
Relationship:	Telephone #:	Relationship:	Telephone #:
3. Name:		4. Name:	
Mailing Address:		Mailing Address:	
Relationship:	Telephone #:	Relationship:	Telephone #:

2. EMPLOYMENT INFORMATION - APPLICANT

Is applicant currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS (if needed):			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are you disabled?	Do you have an active SSI/SSDI application?	If so, what stage of the process are you in?	Do you have an attorney? If so, who? Have you filed an IAR?
Under what circumstances did the Applicant leave his/her last place of employment?		Date of Separation from employment:	
If unemployed, has applicant registered with the Maine Job Bank/Career Center?		Highest level of education completed:	Was applicant in the military? Branch?
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name: _____

Is member currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS :			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do you have an attorney? If so, who? Have they filed an IAR?
Under what circumstances did this member leave his/her last place of employment?		Date of Separation from employment?	
If unemployed, has member registered with the Maine Job Bank/Career Center?		Highest level of education completed?	Was member in the military? Branch?
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name: _____

Is member currently employed?	If YES, type of job:
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IF yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS:			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do they have an attorney? If so, who?
			Have they filed an IAR?
Under what circumstances did this member leave his/her last place of employment?		Date of Separation from employment?	
If unemployed, has member registered with the Maine Job Bank/Career Center?		Highest level of education completed?	Was this member in the military? Branch?
Job Skills:			

3. ASSISTANCE REQUESTED

ASSISTANCE REQUESTED: Please place check mark next to each type of assistance being requested and enter the amount of the request.			
✓	ASSISTANCE	AMOUNT	
	1. Food	\$	✓
	2. Rent	\$	
	3. Mortgage	\$	
	4. Electricity	\$	
	5. LP Gas	\$	
	6. Heating Fuel	\$	
	7. Household/Personal Supplies	\$	
	8. Prescriptions/Medical	\$	
	9. Water	\$	
	10. Sewer	\$	
	11. Other (Specify):	\$	
	TOTAL ASSISTANCE REQUESTED	\$	

4. USE OF INCOME - PRIOR 30 DAYS (Office use only)

Income:	\$		(Use of income may not bar eligibility for applicants in a life threatening emergency or initial applicants)
	\$		
	\$		
Total: (A)	\$		
Household Receipts			
Food	\$		
Housing	\$		
Utilities	\$		
Propane	\$		
Fuel	\$		
Household	\$		
Personal	\$		
Med/Presc.	\$		
Water	\$		
Sewer	\$		
Other:	\$		
	\$		
Total: (B)	\$		
Notes:			
Other Receipts			
Phone	\$		
Internet	\$		
Cable	\$		
Tobacco	\$		
Alcohol	\$		
Magazines	\$		
Pet Food	\$		
Fines/bails	\$		
Other:	\$		
	\$		
Total: (C)	\$		
Total Income: (A)	\$		
Less Total Receipts: (B)	\$		
Plus Misspent Money: (C)	\$		
Plus Difference Between (A)-(B)+(C) - Unaccounted	\$		
(A) Total Added to Line "N, section 5":	\$		

5. PROJECTED 30 DAY INCOME

INCOME: Check YES or NO for each type of income. Enter the amount of all money to be received (in the next 30 days) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members. Report how often income is received.

TYPE OF INCOME	✓	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		OFFICE USE ONLY
		AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	MONTHLY TOTAL
A. Employment		\$		\$		\$		\$
B. TANF		\$		\$		\$		\$
C. Social Security		\$		\$		\$		\$
D. Military/Veteran Benefits		\$		\$		\$		\$
E. Retirement or Pension Plan		\$		\$		\$		\$
F. Unemployment Benefits		\$		\$		\$		\$
G. Worker's Compensation		\$		\$		\$		\$
H. Child Support/Alimony		\$		\$		\$		\$
I. SSI-Supplemental Security Income		\$		\$		\$		\$
J. Bank Accounts & Cash on Hand		\$		\$		\$		\$
K. Income/In kind from Relatives		\$		\$		\$		\$
L. Other (please specify)		\$		\$		\$		\$
For Repeat Applicants Only:								
M. Investment Asset(s) Value (See Section 5, C)								\$
N. Misspent Income & Unverified Expenditures (during the last 30 days)								\$
SUBTOTAL – MONTHLY HOUSEHOLD INCOME								\$
O. LESS: Total verified monthly work-related expenses: Child Care: \$ _____ Mileage: (RT miles ____ * # of days a week: ____ * # of weeks per month: ____ * ordinance mileage: _____) = _____ Other: _____								\$
TOTAL – MONTHLY HOUSEHOLD INCOME								\$

6. ASSETS

ASSETS: Check yes for each asset owned and enter the value. Enter who in the household owns the asset.			
TYPE OF ASSET	✓	VALUE	ASSET OWNED BY
A. Home		\$	
B. Real Estate (other than home)		\$	
C. Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.		\$	
D. Vehicle(s) i.e., car, truck, motorcycle		\$	
Additional:		\$	
E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)		\$	
Additional:		\$	
F. Other		\$	

7. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	MAXIMUM AMOUNT (OFFICE USE ONLY)	ALLOWED AMOUNT (OFFICE USE ONLY)
1. Food	\$	\$	\$
2. Rent – Name and Address of Landlord:			
	\$	\$	\$
3. Mortgage – Mortgage Holder:	\$	\$	\$
4. Electricity –Hot Water Y/N Electric Heat Y/N	\$	\$	\$
5. LP Gas	\$	\$	\$
6. Heating Fuel TYPE:	\$	\$	\$
7. Household/Personal Supplies	\$	\$	\$
8. Prescriptions/Medical	\$	\$	\$
9. Water	\$	\$	\$
10. Sewer	\$	\$	\$
11. Other (specify)	\$	\$	\$
	\$	\$	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$	\$

8. OTHER EXPENSES

NOTE: The administrator should be aware of the following to gain an understanding of the applicant's financial situation.

A. Do you have any debts (i.e., bank loans, car payments, credit cards)? **YES** **NO**

If **YES**, give (1) name; (2) purpose money was borrowed; and (3) amount (list below).

NAME	PURPOSE	AMOUNT
1.		\$
2.		\$
3.		\$

9. DEFICIT (Office use only)

A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A)	\$	D. Deficit (If line A is greater than line B)	\$
B. Income (See Section 5)	\$	E. *Surplus (If line B is greater than line A)	\$
C. Result (Line A minus line B)	\$	* Note: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 10 to determine if "unmet need" results in eligibility for "emergency" GA	

10. UNMET NEED (Office use only)

A. Allowed Expenses (See Section 7)	\$	D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B)	\$
B. Income (See Section 4)	\$	E. Deficit (See Section 9, line D)	\$
C. Result (Line A minus line B)	\$	F. Amount of GA Eligibility (The lower of line D and line E)	\$

INSTRUCTIONS:

- If Section 9, line B (income) is greater than line A (overall maximum), then applicant has a surplus of \$ _____ and will not be eligible for General Assistance unless the GA administrator determines there is need for emergency assistance.
- If Section 10, line A (allowed expenses) is greater than line B (income), the result will be an "Unmet Need" (line D).
- If there is both an "Unmet Need" (Section 10, line D) and a "Deficit" (Section 10, line E), the applicant will be eligible for the lower of the two amounts. This lower amount is the amount of assistance the applicant is eligible for in the next 30-day

period, or a proportionate amount for a shorter period of eligibility (i.e., if the applicant needs one week's worth of GA assistance, they should receive ¼ of the 30 day amount).

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

In accordance with Maine law (22 M.R.S.A. § 4321) you have the right to be given a written decision concerning your application within 24 hours of submitting a completed application. If you disagree with the administrator's decision on the application, you have the right to a fair hearing before an impartial hearing authority. If you believe that the municipality has violated state law with respect to your application, you have the right to notify the State Department of Health and Human Services in Augusta (1-800-442-6003)

STATEMENT BY APPLICANT: I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household:

- Employer(s) (past/present);
- Persons, organizations or businesses referenced in this application;
- Past, present and/or future landlords;
- Bank(s) or financial institutions;
- The Department of Health and Human Services or any department of the State of Maine;
- The area Community Action Program;
- Relatives, specify: _____
- Persons/vendors to whom I owe money (i.e. utility company, fuel dealer, car dealership);
- Physician(s) with information related to my ability to work or receive other benefits;
- Housing Authority (local and/or state);
- The following specific sources of information _____

Applicant's Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____

Town of Fryeburg
General Assistance Department
16 Lovewell Pond Road, Fryeburg ME
207-935-2805

Landlord Verification of Rental Unit

CLIENT: DO NOT WRITE ON THIS FORM!
TO BE COMPLETED BY THE LANDLORD OR UNIT MANAGER

A rental unit is available for (*name of tenant(s)*) _____
and will be occupied by (*# of persons*) _____. The tenants move in date is/was _____ and the
amount of rent is \$ _____ per month or \$ _____ weekly. If already occupied, is the rent current at this time?

If not, what is the amount owed? \$ _____ For what period of time? _____

Will this unit be subsidized by any other agency? _____ If so, tenants share of the rent? _____ Is
a security deposit required? _____ Amount \$ _____ Will the security deposit be paid by someone
other than the tenant? _____ If yes, who or what organization will be responsible? _____

THIS SECTION MUST BE COMPLETED BY THE LANDLORD

Names and ages of people who will be or are living in this unit:

_____	_____
_____	_____
_____	_____
_____	_____

This unit is in an apartment house _____; single family dwelling _____; mobile home _____; a single room _____.

Address of Rental Unit: _____

_____ Apt/Room # _____

Please indicate which utilities are included in the rent price:

Heat _____; Electricity _____; Gas _____; Hot Water _____; Other _____

Is this rental unit furnished? _____ What appliances are furnished by the landlord? _____

Type of cooking unit: Gas _____; Electric _____; Microwave only _____

Number of bedrooms _____

Does the unit have its own kitchen? _____ Does the unit have its own bathroom? _____

This portion is to be completed ONLY if the TENANT is responsible for heat.

What type of fuel is used to heat the unit? _____ The storage tank holds _____ gallons.

The tank is located _____

Is the storage tank labeled or numbered for the apartment it serves? _____ Was there any available fuel left in the tank from the previous occupant? _____ Does the tenant have access to the tank? _____

Legal owner of the property: _____

Address: _____

Home Phone: _____

Business Phone: _____

ALL LANDLORDS WILL BE REQUIRED TO PROVIDE A **TAX IDENTIFICATION NUMBER** TO THE TOWN of FRYEBURG BEFORE ANY PAYMENTS WILL BE ISSUED. FOR YOUR PROTECTION YOUR W-9 TAX FORM and ANY OTHER PRIVILEGED INFORMATION SHOULD BE **MAILED DIRECTLY TO THE GENERAL ASSISTANCE OFFICE.**

Agent or Manager for Above: _____

Address: _____

Home Phone: _____

Business Phone: _____

Is the proposed tenant a relative of the owner or agent? _____ If so, what relationship? _____

This sheet is provided by the Town of Fryeburg for informational purposes only, and it is **not** intended to imply that the prospective tenant is either eligible for assistance or that they will necessarily be renting an apartment from you. It does not obligate you to rent to this client. All rental payments are made directly to the Landlord, not to the tenant. The Town will determine if rental payments will be made on a daily, weekly or monthly basis. Verification of Rental Forms that are not fully completed by the Landlord or their agent will not be considered. All applicants receive a written decision stating whether or not assistance has been or will be granted. It would be appreciated if you would notify this department of any changes in this household composition at 935-2805.

I have read this rental application, or it has been read to me, and I fully understand it. I hereby confirm that the facts in this application are true and complete.

NOTICE: In accordance with Maine Law (17 MRSA Section 453) any persons found guilty of providing false information may be prosecuted for committing a Class D crime.

This form was completed by: _____

(Please print or type)

_____ Date

_____ Signature



The Town of Fryeburg
Settled 1762 - Incorporated 1777
Municipal Office
16 Lovewell Pond Road
Fryeburg, ME 04037
207-935-2805

Name: _____ Social Security Number: _____

STATEMENT BY APPLICANT: I understand that the General Assistance Administrator has the right to verify any information necessary to determining my eligibility and hereby give my consent. I understand if I refuse to give my consent, it may result in not being eligible to receive assistance. Therefore, I hereby give my express permission for the General Assistance Administrator to contact the following specific sources or persons to verify any/all informational material to the determination of General Assistance eligibility for my household:

- Any or all persons, organizations, or businesses referenced in this application;
- The applicant/household's past, present and/or future landlord;
- The applicant/household's bank(s) or financial institutions;
- The applicant/household's present, past or potential employer(s).
- The Department of Health and Human Services or any Department of the State of Maine, the Federal Government, or the Town of Fryeburg including but not limited to: Probation Officers, Motor Vehicle Department, Social Security Administration, Homeland Security, Immigration & Naturalization, Maine Department of Labor, Unemployment, Vocational Rehabilitation, etc.;
- Area social service agencies, including but not limited to: Community Concepts, The Salvation Army, Catholic Charities, The Maine Way Inc., Representative Payee Services, etc.
- Relatives;
- Persons/Vendors to whom the applicant/household owes or regularly pays money, including but not limited to: any utility company, the area fuel dealer(s), automobile dealerships, etc.;
- Any physician who has information related to the ability of the applicant to work or receive other benefits;
- Fryeburg Police Department;
- Community Concepts, or other subsidized housing programs;
- Attorneys.
- The following specific sources of information (specify): _____

I understand that if I commit General Assistance fraud, information pertaining to the fraud may be released to the Fryeburg Police Department or DHHS fraud investigators. This release is valid for one (1) year from the date signed.

Applicants Signature _____ Date _____

Administrator Signature _____ Date _____