

TOWN OF NEW IPSWICH
661 TURNPIKE RD
NEW IPSWICH, NH 03071
(603) 878 2772 fax: 603 878 3855

CONTACT INFORMATION FORM

Request Date: _____	Date of Birth _____	Soc.Sec.# _____	Cell Phone _____	Employed? Full/Part/Self/No _____
Applicant: _____	_____	_____	_____	_____
Co-Applicant: _____	_____	_____	_____	_____
Current Address: _____	Home Phone: _____			
_____	Household Makeup: _____			
Prior Address if less than 30 days at current address: _____	Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No			

ASSISTANCE NEEDED: _____

REASON FOR SEEKING ASSISTANCE: _____

Number of Household Members

of Adults _____ # of Children _____

Available Cash the Household has now: \$ _____

Complete the following if you are renting:

Rent Payment \$ _____ Monthly ☐ Weekly ☐
Do you have a Notice to Quit/Demand for Rent? ☐ Yes ☐ No
Do you have a Writ of Possession from the Court? ☐ Yes ☐ No
Landlord/Property Manager Name and Telephone: _____

Complete the following if you own a home:

Mortgage Payment \$ _____ Monthly ☐ Bi-Monthly ☐
Do you have a foreclosure notice? ☐ Yes ☐ No
Check Type of Home: ☐ House ☐ Condo ☐ Mobile Home
Lending Institution/Mortgage Holder & Account Number: _____

	Head of Household	Other Household Members
Has anyone in household applied to this office before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly \$ _____
If working, indicate TAKE HOME (NET) Pay		
If NOT working, is it due to illness and/or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no longer working, list date of last employment:	Date _____	Date _____
List benefits received by any household member:	APTD Cash \$ _____ TANF \$ _____ SSA \$ _____ SSDI \$ _____ SSI \$ _____ Workers Comp \$ _____ Child Support \$ _____ Unemployment \$ _____ Food Stamps \$ _____ Other \$ _____	APTD Cash \$ _____ TANF \$ _____ SSA \$ _____ SSDI \$ _____ SSI \$ _____ Workers Comp \$ _____ Child Support \$ _____ Unemployment \$ _____ Food Stamps \$ _____ Other \$ _____
List Health Insurance Benefits for all household member:		
Medicaid Ins# _____		
Medicare Ins# _____		
Other Ins Names and Numbers: _____ _____ _____		
EBT Card # _____		

RELEASE OF INFORMATION: I do hereby authorize and request any relative, physician, lawyer, banker, insurance company, or any other person or organization having information concerning my circumstances, to furnish such information to the TOWN OF NEW IPSWICH. I also waive my right to privacy and confidentiality contained in my file and/or any information received by the TOWN OF NEW IPSWICH and authorize the TOWN OF NEW IPSWICH to release such information to other agencies to the extent that such release is made to further my request for, or receipt of, assistance from that agency. This authorization shall expire 180 days from the date it is signed.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

If you are completing this request in the absence of the applicant, assisting or representing the applicant, please provide the information below.

Your Name: _____ Contact #: _____

Agency or Relationship: _____

Case Technician: Carrie T Your Next Appointment is: _____, _____ at _____