



# Town Of Hillsborough

27 School Street, P.O. Box 7  
Hillsborough, NH 03244

Phone: 464-7974

Fax: 464-4270

## Your appointment is scheduled for:

\_\_\_\_\_ at \_\_\_\_\_  
DATE TIME

If you will be late for your appointment, please call and notify this office **as soon as possible**. You may have to be rescheduled. If you need to reschedule this appointment or have questions, please call. Failure to call to cancel may result in sanction of assistance.

## REQUIRED VERIFICATIONS

**Every applicant must provide the following documentation/verifications at their appointment:**

- **Completed** Application (if your application is not completed, you may be rescheduled)
- **Photo ID** required for all adult household members (as well as a social security card **or** birth certificate), proof of permanent residence or I-94 card, if applicable.
- **Identification** for all minor household members in the form of social security card **and** birth certificate, proof of permanent residence or I-94 card, if applicable.
- A **30-day** history report on all checking and savings accounts in the household.
- If you receive child support or pay **child support**, statement/receipts showing amount of payment received or paid.
- If you are employed, last **4 weeks** of pay-stubs or proof of net wages. If you do not have 4 weeks of pay stubs, provide a statement from the employer that includes date of hire, start date, hourly rate, hours per week, pay schedule, contact name and phone number.
- Last **4 weeks** of receipts and proof of bills paid.
- **Bills** currently due, any disconnect notices, eviction papers (demand for rent/notice to quit or writ).
- Vehicle **registration** if you own a vehicle (car, motorcycle, etc.).
- If you share a house/apartment with a **roommate(s)**, statement outlining division of expenses.
- If you are **unemployed**, verification that you have applied for or are receiving Unemployment Compensation.
- **Documentation** of divorce, custody/child support and/or restraining orders.
- **EBT card** (if you, the co-applicant or any household members have one).

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**Provide the following verifications if it applies to your situation:**

- Verification that you have applied for or are receiving Social Security Benefits.
- A medical verification from treating physician of illness or injury.
- A Landlord Verification Form completed by the landlord, rental office or authorized agent for the landlord.
- Your lease or rental agreement.
- Other \_\_\_\_\_
- Verification from State Welfare if you applied for, or receive, any of the benefits listed below.

Failure to provide required verifications/documentation  
may result in a delay and/or denial of your request for assistance.

## **STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES**

The Town of Hillsborough Department of General Assistance (Town Welfare) provides temporary emergency assistance to Town residents for the basic necessities of life when all other resources have been exhausted. Assistance is rendered in voucher form only.

If you do not currently receive State benefits, you are ***required*** to apply to determine if you are eligible for any of the following services at the State Division of Health & Human Services (State Welfare) located at 40 Terrill Park Drive, Concord; phone 271-6200.

**ANB** – Aid to the Needy Blind

**Food Stamps**

**APTD** – Aid to the Permanently & Totally Disabled

**Emergency Food Stamps**

**Child Care** – Child Care Scholarship

**Granite Advantage**

**Child Support**

**Medicaid**

**TANF/FAP** – Temporary Assistance to Needy Families

**OAA** – Old Age Assistance