Town/City of:	06/21/24
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### 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 ty	pe or print)				
Name of Applicant:		Date of Birth:	Social Security N	umber:	Household size: (Total people in household)
Mailing Address:					Number of people seeking assistance:
Physical Address:					
Telephone number:					Applicant Marital Status:
Most recent previous address:					Single
Previous GA application made?	YES NO	When?	Where?		Married
To a series 2 and 1 and		W/1 0	D C		Separated
Is anyone in the household curre from receiving GA?  If yes, who?		When?	Reason for disqualification		Divorced
ii yes, wiio:	1				Widowed
PEOPLE LIVING IN THE HOUSEHOLD	RELATIONSHIP	DATE OF BIRTH	BIRTHPLACE	SOCI SECUI NUMI	RITY Disabled (D)

D						
Does everyone in the	Does everyone in the		your household		you reached	Is anyone
household receive	household have Maine	applie	ed for LIHEAP?		TANF 60	sanctioned by
SNAP benefits?  ☐ YES ☐ NO	Care? □ YES □ NO	$  \Box v$	ES NO	mont	th time limit?	TANF? ☐ YES ☐ NO
Does anyone in the	Did you or anyone in				subsidized housing?	
household have a	your household serve in		ne tax return?	ou un	☐ YES	_
warrant for their arrest	the U.S. Military?		YES NO			
as a result of a felony	☐ YES ☐ NO		, list date		If yes, list you	
conviction?	11 1 2		mount:		monthly amou	
☐ YES ☐ NO	Has anyone applied for a VA Pension?		nyone received an i fund? Date:	income	Has anyone re Date:	eceived a lump sum?
_ TES _ TO	a v A Pension?	lax rei	Amount:		Amount:	
Is everyone in the househ	old a U.S. Citizen?	Is any	other person, or	agency		your household
☐ YES ☐			ses (rent, electric			
NOTE: If any household men		1		,	, , , , ,	1
status, affidavit must be comple						
	S OF EMERGENCY CONT DULT CHILDREN WHO A					(PARENTS,
1. Name:	DOLI CIIILDREIV WIIO I		2. Name:	111121	<u>ioesenoed</u>	
76.99			26 111			
Mailing Address:			Mailing Addres	s:		
Relationship:	Telephone #:		Relationship:		Telepho	ne #:
		<u>L</u>				
3 EMPLOYMENT IN	FORMATION – APPI	ICAN	Т			
	section 3-A if one or more m			are em	ployed.	
Currently employed hou			Currently emplo			ber #2:
Name:			Name:			
Employer:			Employer:			
Date of last paycheck:						
Date of last paycheck:			Date of last payo	heck:		
			Date of last paye			
Amount of last paycheck:			Date of last payed		χ:	
Amount of last paycheck:  Date of next paycheck:				aycheck	ς:	
			Amount of last pa	aycheck	ς:	
Date of next paycheck:			Amount of last pa	aycheck	ς:	
Date of next paycheck:  Additional Comments:  Section 3-B Complete	e section 3-B if one or more i		Amount of last page  Date of next page  s of your househol	aycheck check: d are at	ble to work but	
Date of next paycheck:  Additional Comments:  Section 3-B Complete  Able-Bodied unemploye		member	Amount of last payout the payout of your househole Able-Bodied und	aycheck check: d are at	ble to work but	
Date of next paycheck:  Additional Comments:  Section 3-B Complete	e section 3-B if one or more i	member	Amount of last page  Date of next page  s of your househol	aycheck check: d are at	ble to work but	
Date of next paycheck:  Additional Comments:  Section 3-B Complete Able-Bodied unemploye	e section 3-B if one or more i	member	Amount of last payout the payout of your househole Able-Bodied und	aycheck check: d are ak employ	ble to work but	
Date of next paycheck:  Additional Comments:  Section 3-B Complete Able-Bodied unemploye Name:	e section 3-B if one or more i	member	Amount of last part Date of next payous of your househol Able-Bodied und Name:	aycheck: check: d are atemploy er #1:	ble to work but	
Date of next paycheck:  Additional Comments:  Section 3-B Complete Able-Bodied unemploye Name:  Previous Employer #1:	e section 3-B if one or more need household member #1:	member	Amount of last part Date of next payous of your househol Able-Bodied und Name:  Previous Employ	d are alemploy	ole to work but ed household	
Date of next paycheck:  Additional Comments:  Section 3-B Complete Able-Bodied unemploye Name:  Previous Employer #1:  Reason Job Ended:	e section 3-B if one or more need household member #1:	member	Amount of last part Date of next payous of your househol Able-Bodied und Name: Previous Employ Reason Job Ende	d are alemploy er #1: d:	ole to work but ed household	
Date of next paycheck:  Additional Comments:  Section 3-B Complete Able-Bodied unemploye Name:  Previous Employer #1: Reason Job Ended: Last Date of Employment	e section 3-B if one or more need household member #1:	member	Amount of last part Date of next payous of your househol Able-Bodied und Name: Previous Employ Reason Job Ende Last Date of Emp	d are atemploy er #1: d: bloymer er #2:	ole to work but ed household	
Date of next paycheck:  Additional Comments:  Section 3-B Complete Able-Bodied unemploye Name:  Previous Employer #1:  Reason Job Ended:  Last Date of Employment Previous Employer #2:	e section 3-B if one or more in the description of the section 3-B if one or more in the section 3-B if one	member	Amount of last part Date of next payous of your househol Able-Bodied und Name:  Previous Employ Reason Job Ende Last Date of Employ Previous Employ	d are altemploy er #1: d: bloymer er #2: d:	ole to work but a	
Date of next paycheck:  Additional Comments:  Section 3-B Complete Able-Bodied unemploye Name:  Previous Employer #1:  Reason Job Ended:  Last Date of Employment Previous Employer #2:  Reason Job Ended:	e section 3-B if one or more in the domain of the domain o	member	Amount of last part Date of next payous sof your household Able-Bodied und Name:  Previous Employ Reason Job Ender Last Date of Employ Reason Job Ender Previous Employ Reason Job Ender Reason	d are at employ er #1: d: bloymer er #2: d: bloymer	ole to work but and the desired household into the interest of	

Section 3-C Complete section 3-C if one or more members of your household are unable to work for medical reasons.

Disabled unemployed hou	sehold mem	ber #1:	Disabled unemployed hous	ehold memb	er #2:
Name:			Name:		
Disability preventing work?	☐ YES	□ NO	Disability preventing work?	☐ YES	□ NO
Medical statement verifying?	YES	□ NO	Medical statement verifying?	YES	□NO
Active SSI/SSDI application?	☐ YES	□NO	Active SSI/SSDI application?	☐ YES	□NO
Completed IAR on file?	☐ YES	□ NO	Completed IAR on file?	☐ YES	□NO
Do you have an attorney?	☐ YES	□ NO	Do you have an attorney?	☐ YES	□NO
What stage are you at in your application for SSI?SSDI?			What stage are you at in your application for SSI?SSDI?		
Additional Comments:					

### 4. ASSISTANCE REQUESTED

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

5. USE OF INCOME - REPEAT APPLICANTS ONLY - PRIOR 30 DAYS (Office use only)
Income:

income.	ψ		
	\$		
	\$		
Total: (A)	\$		
Household Receipts		Other Receipts	
Food	\$	Phone	\$
Housing	\$	Internet	\$
Electricity	\$	Cable/Subscription Services	\$
Propane	\$	Alcohol/Tobacco	\$
Heating Fuel	\$	Restaurants/Entertainment	\$
Household	\$	Vacations/Travel	\$
Personal	\$	Pet Food	\$
Prescriptions/Medical	\$	Fines/Bails	\$
Water	\$	Other:	\$
Sewer	\$		\$
Other:	\$	Total: (C)	\$
	\$		
	¢.	Total Income: (A)	
	\$		\$
Total:	\$	Less Household Receipts: (B)	
<b>(B)</b>	\$		\$
Notes:		<b>Total Other Receipts:</b> (C)	
		(Misspent Money)	\$
		D. Unaccounted Money	
		(A)-(B)-(C)	\$
		E. Total of $(C + D)$	
		Misspent + Unaccounted	\$
		(Added to Line O, section 6):	

# 6. PROJECTED 30 DAY INCOME

<b>INCOME:</b> 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

(3) unrelated household	MONEY APPLICANT		MONE	Y FAMILY		Y OTHERS	OFFICE
TYPE OF INCOME	REC	CEIVES	REC	CEIVES	RE	CEIVE	USE ONLY
	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	MONTHLY TOTAL
A. Employment	\$		\$		\$		\$
B. TANF	\$		\$		\$		\$
C. SSI – Supplemental							
Security Income	\$		\$		\$		\$
D. State Supplement							
(\$10 if receive SSI)	\$		\$		\$		\$
E. Social Security							
(other)	\$		\$		\$		\$
F. Unemployment or							
Workers Comp	\$		\$		\$		\$
G. Military/Veteran							
Benefits	\$		\$		\$		\$
H. Retirement or							
Pension Plan	\$		\$		\$		\$
I. Child/Spousal							
Support	\$		\$		\$		\$
J. Bank Accounts and							
Cash On Hand	\$		\$		\$		\$
K. Income In Kind	\$		\$		\$		\$
L. Post-Secondary							
financial aid, grants	\$		\$		\$		\$
M. Other (please specify)	\$		\$		\$		\$
For Repeat Applicants	Only:	•		•			
N. Investment Asset(s)		ction 7, C)					\$
, ,	•	. ,					
O. Misspent Income & U	Unverified Exp	penditures (during	g the last 30 da	ays) (See Section	5, Line E)		\$
				AL – MONTHL			\$
P LESS: Total verified r	nonthly work-	related expenses:				iles* # of	
	weeks per mo		dinance milea		Othe		\$
			ТОТ	AL – MONTHL	Y HOUSEH	OLD INCOME	\$

# 7. 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 vehicles	\$			
E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)	\$			
F. Other	\$			

### 8. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	MAXIMUM AMOUNT (OFFICE USE ONLY)	ALLOWED AMOUNT (OFFICE USE ONLY)
1. Food	\$	\$	\$
2. Rent – Number of Bedrooms:			
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 essential needs (specify)	\$	\$	\$
	\$	\$	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$	\$

### 9. OTHER EXPENSES

<b>NOTE:</b> 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)?				
If YES, give (1) name; (2) purpose money was borrowed; and (3) amount (list below).				
NAME	PURPOSE	AMOUNT		
1.	\$			
2.	\$			
3.		\$		

10. DEFICIT (Office use only)

A. Overall Maximum Level of	D. Deficit
Assistance Allowed	(If line A is greater than line B)
(See GA Ordinance Appendix A)	\$ \$
B. Income	E. *Surplus
(See Section 6)	(If line B is greater than line A)
	\$ \$
C. Result	* <b>Note:</b> If a surplus exists, applicant is not eligible for regular
(Line A minus line B)	GA. Proceed to Section 10 to determine if "unmet need"
,	\$ results in eligibility for "emergency" GA

11. UNMET NEED (Office use only)

A. Allowed Expenses		D. Unmet Need	
(See Section 8)		(Amount from line C, but <u>only</u> if line A	
,	\$	is greater than line B) \$	
B. Income		E. Deficit	
(See Section 6)	\$	(See Section 10, line D)	
C. Result		F. Amount of GA Eligibility	
(Line A minus line B)	<b>\$</b>	(The lower of line D and line E) \$	

#### **INSTRUCTIONS:**

- 1) If Section 10, 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.
- 2) If Section 11, line A (allowed expenses) is greater than line B (income), the result will be an "Unmet Need" (line D).
- 3) If there is both an "Unmet Need" (Section 11, line D) and a "Deficit" (Section 11, 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);
- Tl. fallowin

The following specific sources of information			
Applicant's Signature:	Date:		
Secondary Applicant's Signature:	Date:		
Administrator's Signature:	Date:		