

City of Gardiner

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).

IF YOU HAVE AN EMAIL ADDRESS- PLEASE INCLUDE:

1. HOUSEHOLD (Please type or print)

Name of Applicant:		Date of Birth:	Place of Birth:	Social Security Number:	Telephone numbers:	
					Home:	
					Cell:	
					EMAIL:	
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? YES NO		If yes, who?	Have you reached the TANF 60 mo. Limit? YES NO N/A		If yes, have you applied for an extension? YES NO	
Has your household applied for LIHEAP? YES NO	Does everyone receive SNAP benefits? YES NO	If so, how much?	Do you have a Government funded cell phone? YES NO		Has your household filed for an income tax refund? YES NO	
Did you or anyone in your household serve in the U.S. Military? YES NO	Has anyone applied for a VA pension? YES NO	Does anyone receive post-secondary Financial Aid? YES NO	Subsidized Housing? YES NO		Is everyone in the household a US citizen? YES NO	
			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? YES NO		If so, who and date:	
			Is anyone disqualified by GA? YES NO			
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? YES NO		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:	
Name:		Address:	
Are you disabled? YES NO	Do you have an active SSI/SSDI application? YES NO	If so, what stage of the process are you in?	Do you have an attorney? If so, who? YES NO
			Have you filed an IAR? YES NO
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? YES NO		Highest level of education completed:	Was applicant in the military? YES NO What Branch?
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name:

Is member currently employed? YES NO		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:	
Name:		Address:	
Are they disabled? YES NO	Do they have an active SSI/SSDI application? YES NO	If so, what stage of the process are they in?	Do you have an attorney? If so, who? YES NO
			Have they filed an IAR? YES NO
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? YES NO		Highest level of education completed?	Was member in the military? YES NO Branch?
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name: _____

Is member currently employed? YES NO		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? YES NO	Do they have an active SSI/SSDI application? YES NO	If so, what stage of the process are they in?	Do you have an attorney? If so, who? YES NO
			Have they filed an IAR? YES NO
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? YES NO		Highest level of education completed?	Was member in the military? YES NO 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		✓	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	\$

Notes:

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			Other Receipts		
Food	\$		Phone		\$
Housing	\$		Internet		\$
Utilities	\$		Cable		\$
Propane	\$		Tobacco		\$
Fuel	\$		Alcohol		\$
Household	\$		Magazines		\$
Personal	\$		Pet Food		\$
Med/Presc.	\$		Fines/bails		\$
Water	\$	Other:		\$	
Sewer	\$			\$	
Other:	\$	Total:			
Total:		(C)		\$	
(B)	\$	Total Income: (A)		\$	
Notes:	\$	Less Total Receipts: (B)		\$	
				\$	
		(A)			
		Plus Misspent Money: (C)		\$	
		Plus Difference Between (A)-(B)+(C) - Unaccounted		\$	
		(B) 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 N Electric Heat	\$	\$	\$
5. LP Gas	\$	\$	\$
6. Heating Fuel TYPE:	\$	\$	\$
7. Household/Personal Supplies	\$	\$	\$
8. Prescriptions/Medical	\$	\$	\$
9. Water	\$	\$	\$
10. Sewer	\$	\$	\$
11. Other (specify)	\$	\$	\$
Insurance	\$	\$	\$
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:

- 1) 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.
- 2) If Section 10, 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 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; (IFW, BMV, Maine Revenue)
- 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: _____