



**Town Of Canaan
Human services Department
1169 Us RT 4
Canaan, NH 03741
humanservices@canaannh.org
(603)523-9901 ext 106**

Application for Assistance

- 1. Complete this application and collect all the documentation as listed on the next page that is applicable to your household.**
- 2. Call 603-523-9901 EXT 106 to make an appointment for an interview.**
- 3. Make use of any Upper Valley agencies offering assistance as well. You can find a complete list at the Human Services webpage: www.canaannh.org**

Some agencies are listed below:

- ♣ **Tri-County CAP – Fuel Assistance/Electric Assistance/ Weatherization Assistance, 603-968-3560**
- ♣ **LISTEN Community Services – Food Pantry/Housing Helper Grants/Utility Assistance/Thrift Store Vouchers/Gasoline/ Medication, 603-448-4553**
- ♣ **Emergency Food**
 - Friends Feeding Friends Food Pantry 603-632-4542**
 - Mascoma Senior Center Food Pantry 603-523-4333**
- ♣ **Upper Valley Haven – Food Pantry/Homeless Shelter/Service Coordination, 802-295-6500**
- ♣ **Homeless Services**
 - 24/7 call 2-1-1 or 1-866-444-4211 if dialing a "9" first**
 - 24/7 call the Upper Valley Haven at 802-295-6500**
 - Call Tri-County CAP at 603-443-6150**
 - Call UVGEAR, 603-443-7637**

CHECKLIST FOR COMPLETED APPLICATION CANAAN HUMAN SERVICES

COMPLETED APPLICATION INCLUDES SIGNED APPLICATION FORM PLUS SUPPORTING DOCUMENTATION TO INCLUDE THE FOLLOWING: (please check all that apply)

☐ **PERSONAL IDENTIFICATION** (Required for ALL Adult Household Members)

☐ **BIRTH CERTIFICATES & SOCIAL SECURITY CARDS** (ALL Household Members)

☐ **PROOF OF RESIDENCE** (Lease & Most Recent Utility Bills)

☐ **PROOF OF HOUSEHOLD INCOME** (Previous 4 Weeks Paystubs for ALL Adult Household Members)

☐ **PROOF OF OTHER ASSISTANCE** (Please circle Y if you receive, N if you do not, or N/A if this is not applicable to you)

Y N N/A Social Security (Over 65, SSDI or SSI)

Y N N/A Food Stamps

Y N N/A Old Age Assistance (Over 62)

Y N N/A Child (or other) Support (Provide Court Order)

Y N N/A Worker's Compensation

Y N N/A Retirement/Pension

Y N N/A Electric Discount Program or Neighbor Helping Neighbor

Y N N/A Rent to Secure Permanent Housing (Other Agencies)

Y N N/A FANF, APTD

Y N N/A Medicaid, Medicare

Y N N/A Veteran's Benefits

Y N N/A Unemployment

Y N N/A Private Disability

Y N N/A Fuel Assistance

Y N N/A Rent to Prevent Eviction (Other Agencies)

Y N N/A Electric Assistance (Other Agencies)

☐ **TERMINATION OF BENEFITS** (Provide Notice from any other City/Town Human Services Agency or State/ Federal Assistance Program)

☐ **PROOF OF CASH RESOURCES/ASSETS**

Y N N/A 30 Day Activity Report for ALL Savings, Checking, Credit Union Accounts for ALL Household Members

Y N N/A Statement of Retirement, Investment, Pension Plan with Verification that funds can/cannot be withdrawn

Y N N/A Statement of Life Insurance (If Loan is Available)

☐ **MOST RECENT TAX RETURN**

☐ **PROOF OF PERSONAL PROPERTY**

Registration or Title for Vehicles, Motorcycles, Trailers, Home, ATV, etc.)

☐ **PROOF OF EXPENSES PAID IN THE LAST 4 WEEKS**

(Receipts or Other Proof of Household Expenses to Include):

☐ Rent/Mortgage

☐ Utilities

☐ Household/Personal Expenses

☐ Any other Expenses Paid Out of Pocket

☐ Food

☐ Prescription Medicine

☐ Child Support (if not deducted from pay)

☐ **PROOF LAID OFF FROM EMPLOYMENT** - If applicable, an Employer Verification Form must be completed by former employer and faxed, emailed, or mailed directly to Human Services Director. If unemployed/laid off, you may be required to provide proof that you are enrolled in the NH Employment Security Job Match Program and/or other Job Databases.

FOR REQUESTS FOR RENTAL ASSISTANCE PLEASE PROVIDE THE FOLLOWING:

☐ **DEMAND FOR RENT**

☐ **EVICITION NOTICE**

☐ **RENTAL VERIFICATION FORM**

Applicant: _____ **DATE OF APPLICATION:** _____



FOR OFFICE USE ONLY
Received Date_____
Appointment Date:_____
Referral Source_____

Town OF Canaan APPLICATION FOR ASSISTANCE

Date of Application_____ Referred by _____

1. General Information:

Name_____ Date of Birth_____

Address _____

Telephone _____ Social Security number _____ US Citizen? _____

Marital Status _____ Rent or Own? _____ How long at this address? _____

Spouse/Co-Applicant Name _____ SS# _____

Spouse address (if not same as applicant) _____

Assistance Requested _____

Reason for request _____

Have you applied for local assistance before? _____ When? _____

Where? _____ Under what name? _____

List below all persons living in your household:

Full Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If at your current address less than 12 months, please list past 12 month's addresses:

Street	Town/City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. **Housing Information:**

Rent amount _____ per (month/week) _____ Date last paid _____ Date due _____
Do you have a current: ☐ Demand For Rent ☐ Notice to Quit ☐ Landlord/Tenant Writ
Total rent owed _____ Do you have a housing subsidy? _____
Utilities Included: ☐ Heat ☐ Electric ☐ Gas ☐ Water/Sewer ☐ Other
LANDLORD: Name _____ Telephone _____
Address _____
IF HOME-OWNER: Mortgage Amount _____ Date last paid _____ Owed _____
Bank/Mortgage Co _____ Address _____

3. **Education / Training / Employment**

	<u>Highest Grade Attended</u>	<u>G.E.D. or Diploma</u>	<u>Special Training or Skills</u>	<u>Military Service</u>
Applicant:	_____	_____	_____	_____
Spouse/Co-Applicant:	_____	_____	_____	_____

Applicant Work History:

Are you employed now? _____ Employer _____ Position _____
When began work _____ Date/Amount of most recent check _____
Are you unemployed now? _____ Reason _____
Date last worked _____ Employer _____ Date/Amount last check _____
Are you able to work now? _____ If not able, why not? _____

Current and two most recent jobs of yourself and all household members aged 18 & older:

<u>Name</u>	<u>Employer</u>	<u>Pay</u>	<u>Weekly/ Biweekly</u>	<u>Employment Dates</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Household Assets:

Provide information regarding accounts held by you and all household members:

<u>Name</u>	<u>Bank/Credit Union</u>	<u>Savings</u> <u>Acct. #</u>	<u>Savings</u> <u>Balance</u>	<u>Checking</u> <u>Acct. #</u>	<u>Checking</u> <u>Balance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide current value of any assets held by you and all household members:

Cash on hand (all household combined) _____ Certificates of Deposit (CD's) _____

Savings Bonds _____ Mutual Funds _____ Annuities _____ Stocks _____

Trust Funds _____ Retirement Accounts _____ Insurance Policies (cash value) _____

401k _____ Property other than primary residence _____ Location _____

Other Investments _____ Motorcycles/Boats/Snowmobiles/ATV's/RV's _____

Other Assets (please list) _____

Claims/settlements/income due to you or any household member

IRS Refund _____ Insurance Claim _____ Retroactive disability check _____

Retroactive Unemployment or Worker's Compensation check _____ Inheritance _____

Other Lump Sum Payment (explain) _____

Have you or any household member consulted a lawyer regarding a possible lawsuit?:

Lawyer Name/Address _____

Reason _____

Do you or any household member have a lawsuit pending? _____ Who? _____

Please give details _____

Lawyer Name/Address _____

Motor vehicles owned by you and all household members:

<u>Owner</u>	<u>Auto Make</u>	<u>Model</u>	<u>Year</u>	<u>Value</u>	<u>Payments</u>	<u>Insurance</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. Household Income

Indicate any benefits or income received or applied for by you or any household member:

	Name	Date Applied	Date Last Received	Monthly Amount
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
APTD	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Disability (Employer)	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance	_____	_____	_____	_____
Gifts/Loans	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____	_____
SSI (Supplemental Security)	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
Vocational Rehabilitation	_____	_____	_____	_____
WIC(Women/Infants/Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other: []	_____	_____	_____	_____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

<u>Name</u>	<u>Agency Name</u>	<u>Contact Person</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Household Expenses

List actual or estimated regular monthly expenses. (Not all expenses will be allowable to be included in your eligibility determination, but all should be listed to show your financial situation.)

Bank Fees _____	Diapers _____	Mortgage _____
Bus/Cab _____	Electric _____	Prescriptions _____
Cable/Internet _____	Food _____	Rent _____
Child Support Paid _____	Fuel Oil _____	Rent-To-Own _____
Car Gasoline _____	Gas, Bottled _____	School Loan _____
Car Insurance _____	Gas, Natural _____	Storage _____
Car Payment _____	Health Insurance _____	Telephone _____
Condo Fee _____	Laundry _____	Other _____
Child Care _____	Loan _____	Other _____
Credit Card _____	Lot Rent _____	Other _____

List unplanned, emergency or irregular periodic expenses during the past 30 days:

Car Inspection _____	Drivers License _____	Medical _____
Car registration _____	Fines/Court Payments _____	Sewer/Water _____
Car repair _____	Home Repairs _____	Tax (Income/Property) _____
Dental _____	Home/Rent Insurance _____	Other _____

7. Criminal Information

Have you or any member of your household ever been convicted of a felony which has not been annulled? (yes/no) _____ If yes, who? _____ When? _____

Town/City & State of conviction _____ Details of conviction: _____

Are you or any member of your household presently on parole or probation? (yes/no) _____

If yes, who? _____ Court or jurisdiction? _____

Name & phone number of parole/probation officer _____

8. Liability for Support Information

Please provide following details:

Your father _____ Address _____

Your mother _____ Address _____

Co-applicant father _____ Address _____

Co-applicant mother _____ Address _____

Your or co-applicant's adult children _____

9. Certifications and Signatures (Please read and initial after each statement)

I understand that if I receive assistance from the Town of Canaan I may be required to participate in the welfare work ("workfare") program. (RSA 165:31)_____

I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed, if I am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20-b)._____

I understand that if I am assisted the municipality may place a lien against any real property which I own. (RSA 165:28)_____

I understand that my parents/step-parents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves (RSA 165:19)_____

I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165-28a)_____

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification (RSA 641:3)_____

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. (RSA 165:1-d)_____

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefits and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165:1-e)_____

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form
(if not applicant)

Date



Town Of Canaan
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FORM D

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We, _____, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

Applicant Signature _____ *Date* _____
Print name: _____

Spouse or Co-applicant Signature _____ *Date* _____
Print name _____

Signature of person completing form (if not applicant): _____
Print name: _____
Date _____ *Relationship to applicant* _____



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BASIC NEEDS POLICY

Per Town of Canaan Welfare Guidelines, it is the applicant/recipient's responsibility to utilize any available benefits or resources to reduce the need for Municipal General Assistance. The Welfare Department will direct the applicant/recipient to apply for all other resources and also will require the applicant/recipient to use current resources to meet basic needs in order to reduce the need for Municipal General Assistance.

Under continuing Municipal General Assistance or in applying in the future, you will be required to use your earned or unearned resources for allowable basic need expenses only. ALLOWABLE EXPENSES are:

Rent/Mortgage	Diapers
Food	Electric/Heating Bills
Non-food hygiene products	Prescriptions

These costs are allowed for certain conditions:

Public Transportation for work, medical or assistance program appointments. Telephone basic service to find or keep employment.

The following are examples UNALLOWABLE expenses in determining eligibility:

Telephone beyond basic service for 1 per household.	Bail payments.
Credit Card Payments	Repayment of Personal Loans
Loan Payments	Restaurant/Fast Food
Cable & Internet	Tobacco/Alcohol products
Insurance Payments	Entertainment/Movie Services

As a Condition of Assistance, you will be required to first use all available resources, as directed, to meet your basic needs. Unaltered, dated receipts for these expenses may be required. Should you choose to use your resources for other than basic expense needs as outlined above and/or in your written decision from the Welfare Department, those amounts will be considered available to you and your assistance will be reduced accordingly and a sanction or denial may be issued.

I/We have read and reviewed the Basic Needs Policy with the Welfare Administrator.

Applicant Signature

Co-Applicant Signature

Date

Date

Welfare Director

Date

THE APPLICANT IS HEREBY MADE AWARE OF THE FOLLOWING IN ACCORDANCE WITH THE TOWN OF CANAAN GENERAL ASSISTANCE PROGRAM GUIDELINES.

IF YOU HAVE QUESTIONS REGARDING THE INFORMATION, PLEASE REVIEW WITH THE HUMAN SERVICES OFFICIAL DURING YOUR APPLICATION INTERVIEW

PLEASE READ AND SIGN BELOW

ARTICLE VI. APPLICATION PROCESS

A. Human Services Official's Responsibilities at Time of Application

When application is made for General Assistance, the Human Services Official shall inform the applicant of:

1. The requirement of submitting an application. The Human Services Official shall provide assistance to the applicant in completing the application, if necessary (e.g., applicant is physically or mentally unable, or has a language barrier).
2. Eligibility requirements, including a general description of the guideline amounts and the eligibility formula. See the Town of Canaan General Assistance Program Guidelines available at the Human Services Department web page (www.canaannh.org) or request a copy from Human Services.
3. The applicant's right to a fair hearing, and the manner in which a review may be obtained. See the Town of Canaan General Assistance Program Guidelines available at the Human Services Department web page (www.canaannh.org) or request a copy from Human Services.
4. The applicant's responsibility for reporting all facts necessary to determine eligibility and presenting records and documents as reasonably available to support statements.
5. The joint responsibility of the Human Services Official and applicant for exploring facts concerning eligibility, needs, and resources.
6. The types of verifications needed. These are outlined in the checklist of Supporting Documentation found in this packet and/or any previous Pending or Approved Decisions issued.
7. The fact that an investigation will be conducted in order to substantiate facts and statements presented by the applicant.
8. The applicant's responsibility to notify the Human Services Official of any change in circumstances that may affect eligibility.
9. Other forms of assistance for which the applicant may be eligible.
10. The availability of the Human Services Official to make home visits by mutually-agreed upon appointment to take applications and to conduct ongoing case management for applicants who cannot leave their homes.
11. The requirement of placing a lien on any real property owned by the recipient, or any settlements, for any assistance given, except for good cause.
12. The fact that reimbursement from the applicant will be sought if they become able to repay the amount of assistance given.
13. The applicant's right to review the Town of Canaan General Assistance Program Guidelines.
14. The applicant's responsibility not to voluntarily terminate employment without good cause. RSA 165:1-d.
15. The fact that the Child Protection Act requires that Human Services or any person who suspects that a child under age 18 has been abused or neglected must report that suspicion immediately to NH DHHS Division of Children, Youth and Families (DCYF). RSA 169-C:29-31.
16. The fact that the Adult Protection Law requires that Human Services or any person who has reason to believe that a vulnerable adult has been subjected to abuse, neglect, exploitation, or self-neglect, make a report immediately to the NH DHHS Bureau of Elderly & Adult Services (BEAS). RSA 161-F:46.

B. Responsibilities of Each Applicant and Recipient

At the time of initial application, and at all times thereafter, the applicant/recipient has the following responsibilities:

1. To provide accurate, complete, and current information concerning needs and resources and the whereabouts and circumstances of relatives who may be responsible under RSA 165:19.
2. To notify the Human Services Official promptly when there is a change in needs, resources, address, or household size.
3. To apply for and utilize immediately, but no later than seven days from initial application, any benefits or resources, public or private, that will reduce or eliminate the need for General Assistance.
4. To keep all appointments as scheduled.
5. To provide records and other pertinent information and access to said records and information when requested.
6. To provide a doctor's statement if claiming an inability to work due to medical problems.
7. Following a determination of eligibility for assistance, to diligently search for employment and provide verification of work search (the number of work search contacts to be determined by the Human Services Official), to accept employment when offered (except for documented reasons of good cause (RSA 165:1-d)), and to maintain such employment. RSA 165:1-b, I (c).
8. Following a determination of eligibility for assistance, to participate in a workfare program if physically and mentally able. RSA 165:1-b, I (b).
9. To reimburse assistance granted if returned to an income status and if such reimbursement can be made without financial hardship. RSA 165:20-b.

An applicant shall be denied assistance if they fail to fulfill any of these responsibilities without reasonable justification. A recipient's assistance may be terminated or suspended for failure to fulfill any of these responsibilities without reasonable justification, in accordance with Section (XVII)(c).

Any recipient may be denied or terminated from general assistance, in accordance with Section (XVII), or may be prosecuted for a criminal offense, if they, by means of intentionally false statements or intentional misrepresentation, or by impersonation or other willfully fraudulent act or device, obtain or attempt to obtain any assistance to which they are not entitled.

Applicant Signature

Date

Printed Name

Co-Applicant Signature

Date

Printed Name

Signature of Person Completing Form (if not applicant)

Date

Printed Name



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AUTHORIZATION FOR THE RELEASE OF INFORMATION – DHHS

I, _____, the undersigned, understand that from time to time,
(Print your name)

The local welfare administrator for the Town of Canaan, Human Services Office may require certain information about assistance I am applying for or receiving from the New Hampshire Department of Health and Human Services, Division of Family Assistance (DFA). When information cannot be provided by me personally, I hereby authorize DFA to release the following information to the local welfare administrator for the specific purposes outlined below:

Type of Information	Purpose for Requesting this Information
Date of DFA application(s), type(s) of assistance applied for, date of eligibility determination, expected date of benefit issuance, amount of cash grant (if applicable) and/or the reason my case closed or my application was denied	Basic administration of my local welfare assistance case including verification of information provided by me for determining eligibility for local welfare assistance
Date my Medicaid case opened and my Medicaid Identification Number(s)	Processing of Medicaid reimbursements if/when, during the time my Medicaid application was pending, the local welfare administrator makes an expenditure on my behalf for an item covered by Medicaid
Date of any sanction of my cash assistance grant	Determining countable household income also called "deeming"
Reason for any sanction of my cash assistance grant	Helping me to remove the sanction

I understand that I have the option to provide any or all of the requested information myself.
I understand that any use of the above information inconsistent with these purposes is forbidden.
I understand that the local welfare administrator may not release information provided under this authorization to any other person without my written permission.

This authorization shall expire 180 days from the date it is signed.

Signature

Date

If the signature above is not that of the person to whom the requested information pertains, the relationship of the signer to that person must be indicated, the signature must be witnessed, and verification that the signer has the authority to represent the person in these matters with DFA must be provided upon DFA request.

Relationship to You

Witness

Date



Town Of Canaan
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RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD THIS FORM IS FOR ASSESSMENT OF ELIGIBILITY. A FINAL ELIGIBILITY OF RENT ASSISTANCE MAY NOT BE YET DETERMINED. A WRITTEN NOTICE OF DECISION WILL BE GIVEN TO YOUR TENANT.

Tenant's Name: _____ Date: _____

Address: _____

(Number/Street)

(Apt. #)

(City)

(State)

Number of adults in apartment: _____ Number of children in apartment: _____

List of people in apartment:

Occupancy date: _____ Security Deposit: Amount: \$ _____ Date paid: _____

Rent amount: \$ _____ ; paid ☐ monthly ☐ weekly ☐ other _____

Number of Bedrooms: _____ If subsidized rent, please list tenant portion: _____

Rent Includes: ☐ All utilities ☐ No Utilities ☐ Hot Water ☐ Heat

Type of Heat: ☐ Electric ☐ Oil ☐ Gas ☐ Other _____

Date last rent was paid: _____ Amount Paid: \$ _____ Back rent owed: _____

***This form must be submitted to the Town Of Canaan by the Landlord at: Humanservices@canaannh.org ***

(If back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ OR Social Security# _____

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

Landlord's Name

Telephone / Fax number

Landlord Address

Name of Manager or other Representative

Landlord Signature

Date

Email Address:



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EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the Town of _____ Canaan, N.H. _____.

Signature of Employee: _____ Date _____
Full Name of Employee: (print) _____

This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.

Employer _____ Phone _____
Address _____
Employee Name: _____
Date of Hire _____ Date starting/started work _____ Hourly Pay Rate _____
Full/part time _____ Hours per week _____ Paid: ☐ weekly ☐ biweekly ☐ Other _____

Pay Period Ending	Actual Date of Payment	Gross Pay	Net Pay	Check/Direct Deposit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

=====

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination /separation

Authorized Signature and Title _____ Date _____

Print Name: _____ Phone # or Email: _____

Note to the Employer: This form can be submitted by Email to: humanservices@canaannh.org