



Town of Eddington

906 Main Road Eddington, Maine 04428

What information will I need when I apply?

Your GA budget will be based on the 30-day period following your application. The Town will also look back to 30 days before you applied, to see what money you received, and how you spent it.

- You should make a list of all your household expenses, such as: **rent or mortgage, electricity, heating fuel (oil, wood, gas), cooking gas, water and sewer charges, telephone, food/school lunches, clothing medical, transportation, taxes, diapers and laundry.**
- You should also take proof of all your monthly household income, such as: **pay stubs, bank books, checking statements, child support, worker's compensation, TANF, SSI, Social Security, payments from boarders, unemployment checks and self-employment income.**

Try to bring papers that will help show what the income from everyone in your household is. Some income cannot be counted, but you should tell the Town what all your income is anyway. The Town can count income and money that you will receive in the 30 days after you apply. They may also look at last month's income and expenses to see if they can count any money you received, and to estimate what your income will be this month.



Town of Eddington

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General Assistance Client Release

Name: _____

SSN: _____

STATEMENT BY APPLICANT: I understand that the General Assistance Administrator has the right to verify any information necessary to determining my eligibility and hereby give my consent. I understand that if I refuse to give my consent, it may result in not being eligible to receive assistance. Therefore, I hereby give my express permission for the General Assistance Administrator to contact the following specific sources or persons to verify any/all informational material to the determination of General Assistance eligibility for my household.

- Any or all persons, organizations, or businesses referenced in this application;
- The applicant/household's past, present and/or future landlord;
- The applicant/household's bank(s) or financial institutions;
- The applicant/household's present, past or potential employer(s);
- The Department of Health and Human Services or any Department of the State of Maine, the Federal Government, or the Town of Eddington including but not limited to: Probation Officers, Motor Vehicle Department, Social Security Administration, Homeland Security, Immigration & Naturalization, Maine Department of Labor, Unemployment, Vocational Rehabilitation, etc.;
- Relatives
- Persons/Vendors to whom the applicant/household owes or regularly pays money, including but not limited to : any utility company, the area fuel dealer(s), automobile dealerships, etc.;
- Any physician who has information related to the ability of the applicant to work or receive other benefits;
- Counseling Services, Inc. Partial Hospital Services, or other mental healthcare facility and/or professional;
- Penobscot County Sheriff's Department
- Housing Authority (local and/or state)
- Attorneys

I understand that if I commit General Assistance fraud, information pertaining to the fraud may be released to the Penobscot County Sheriff's Department or DHHS fraud investigators. This release is valid for (1) year from the date signed.

Applicants Signature _____

Date _____

Administrator Signature _____

Date _____



Town of Eddington

906 Main Road Eddington, Maine 04428

REPEAT APPLICANTS FOR GENERAL ASSISTANCE

If you should need to apply again for General Assistance, you will need to provide the following information: how income was spent, bills and receipts for rent, utilities, fuel, telephone, medical services and other basic necessities along with bank statements and information pertaining to assets and resources.

If employed, you need to provide the last four weeks of pay stubs. If not employed, you need to return your job search form that will verify work search results. The form must provide a list of the employers contacted, the date and time of the application contact, and the name of the employer representative contacted. This information will be verified.

Repeat applicants are also responsible for providing any changes of information reported on previous applications including changes in his/her household or income that may affect his/her eligibility.

If any of these requests are not complied with, you may be ineligible for further assistance.

Theresa Clair
GA Administrator

TOWN OF EDDINGTON 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 type or print)

| Name of Applicant: | | Date of Birth: | Place of Birth: | Social Security Number: | Telephone numbers: | |
|---|--------------------------------------|---|---|------------------------------|--|----------------------------|
| | | | | | Home: | |
| | | | | | Cell: | |
| | | | | | Message: | |
| Mailing Address: | | | | | Length of Use: | |
| Physical Address: | | | | | Length of Residence: | |
| Most recent previous address: | | | | | Length of Residence: | |
| Applicant is: (Circle One) | | Has anyone in the HH ever applied for GA in the past? YES or NO | If yes, Where: When: | Type of Assistance Received: | | |
| Single | | | | | | |
| Married Divorced Separated Widowed | | | | | | |
| Does anyone in your household have a warrant for their arrest as a result of a felony conviction? | | If yes, who? | Have you reached the TANF 60 mo. Limit? | | If yes, have you applied for an extension? | |
| Has your household applied for LIHEAP? | Does everyone receive SNAP benefits? | If so, how much? | Do you have a Government funded cell phone? | | Has your household filed for an income tax refund? | |
| Did you or anyone in your household serve in the U.S. Military? | Has anyone applied for a VA pension? | Does anyone receive post-secondary Financial Aid? | Subsidized Housing? | | Is everyone in the household a US citizen? | |
| | | | 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? | | If so, who and date: | |
| | | | Is anyone disqualified by GA? | | | |
| 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? | | 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: | Start Date: End Date: |
| Name: | | Address: | Start Date: End Date: |
| Are you disabled? | Do you have an active SSI/SSDI application? | If so, what stage of the process are you in? | Do you have an attorney? If so, who? |
| | | | Have you filed an IAR? |
| 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? | Highest level of education completed: | Was applicant in the military? Branch? | |
| Job Skills: | | | |

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name:

| | | | |
|--|--|---|--------------------------------------|
| Is member currently employed? | | 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? | Do they have an active SSI/SSDI application? | If so, what stage of the process are they in? | Do you have an attorney? If so, who? |
| | | | Have they filed an IAR? |
| 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? | Highest level of education completed? | Was member in the military? Branch? | |
| Job Skills: | | | |

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name:

| | |
|-------------------------------|----------------------|
| Is member currently employed? | 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? | Do they have an active SSI/SSDI application? | If so, what stage of the process are they in? | Do they have an attorney? If so, who? Have they filed an IAR? |
| 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? | | Highest level of education completed? | Was this member in the military? 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. | | | | | |
| <input checked="" type="checkbox"/> | ASSISTANCE | AMOUNT | <input checked="" type="checkbox"/> | 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 | \$ |

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: | \$ |
| | \$ | (C) | \$ |
| Total: | \$ | Total Income: (A) | \$ |
| (B) | \$ | Less Total Receipts: (B) | \$ |
| Notes: | | Plus Misspent Money: (C) | \$ |
| | | | \$ |
| | | Plus Difference Between (A)-(B)+(C) - Unaccounted | \$ |
| | | (A) 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 MONTHLY TOTAL |
|--|---|--------------------------|-----------|-----------------------|-----------|----------------------|-----------|-------------------------------|
| | | AMOUNT | FREQUENCY | AMOUNT | FREQUENCY | AMOUNT | FREQUENCY | |
| 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 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 (specify) | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| 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 1/4 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);
- The following specific sources of information _____

Applicant's Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____