

2. HOUSEHOLD INFORMATION

Does everyone in the household receive SNAP benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does everyone in the household have Maine Care? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your household applied for LIHEAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you reached the TANF 60 month time limit? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is anyone sanctioned by TANF? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does anyone in the household have a warrant for their arrest as a result of a felony conviction? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you or anyone in your household serve in the U.S. Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your household filed an income tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list date and amount:	Do you have subsidized housing? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list your monthly amount:	
	Has anyone applied for a VA Pension?	Has anyone received an income tax refund? Date: _____ Amount: _____	Has anyone received a lump sum? Date: _____ Amount: _____	
Is everyone in the household a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: If any household member does not have permanent status, affidavit must be completed.		Is any other person, or agency assisting with your household expenses (rent, electric, heat etc.)? If yes, please explain:		

NAMES AND ADDRESSES OF EMERGENCY CONTACTS WHO ARE NOT IN THE HOUSEHOLD (PARENTS, GRANDPARENTS AND ADULT CHILDREN WHO ARE NOT MEMBERS OF THE HOUSEHOLD)

1. Name: _____		2. Name: _____	
Mailing Address: _____		Mailing Address: _____	
Relationship: _____	Telephone #: _____	Relationship: _____	Telephone #: _____

3. EMPLOYMENT INFORMATION – APPLICANT

Section 3-A Complete section 3-A if one or more members of your household are employed.

Currently employed household member #1:	Currently employed household member #2:
Name: _____	Name: _____
Employer: _____	Employer: _____
Date of last paycheck: _____	Date of last paycheck: _____
Amount of last paycheck: _____	Amount of last paycheck: _____
Date of next paycheck: _____	Date of next paycheck: _____
Additional Comments: _____	

Section 3-B Complete section 3-B if one or more members of your household are able to work but are unemployed.

Able-Bodied unemployed household member #1:	Able-Bodied unemployed household member #2:
Name: _____	Name: _____
Previous Employer #1: _____	Previous Employer #1: _____
Reason Job Ended: _____	Reason Job Ended: _____
Last Date of Employment: _____	Last Date of Employment: _____
Previous Employer #2: _____	Previous Employer #2: _____
Reason Job Ended: _____	Reason Job Ended: _____
Last Date of Employment: _____	Last Date of Employment: _____
Highest Level of Education Completed: _____	Highest level of Education Completed: _____
Additional Comments: _____	

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

Disabled unemployed household member #1:			Disabled unemployed household member #2:		
Name:			Name:		
Disability preventing work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Disability preventing work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medical statement verifying?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Medical statement verifying?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Active SSI/SSDI application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Active SSI/SSDI application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Completed IAR on file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Completed IAR on file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have an attorney?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have an attorney?	<input type="checkbox"/> YES	<input type="checkbox"/> 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	
1. Food		\$	
2. Rent		\$	
3. Mortgage		\$	
4. Electricity		\$	
5. LP Gas		\$	
6. Heating Fuel		\$	
7. Household/Personal Supplies		\$	
8. Prescriptions/Medical		\$	
9. Water		\$	
10. Sewer		\$	
11. Other (Specify):		\$	
TOTAL ASSISTANCE REQUESTED		\$	

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

Income:	\$	
	\$	
	\$	
Total: (A)	\$	
Household Receipts		
Food	\$	
Housing	\$	
Electricity	\$	
Propane	\$	
Heating Fuel	\$	
Household	\$	
Personal	\$	
Prescriptions/Medical	\$	
Water	\$	
Sewer	\$	
Other:	\$	
	\$	
	\$	
Total: (B)	\$	
Notes:		
Other Receipts		
Phone	\$	
Internet	\$	
Cable/Subscription Services	\$	
Alcohol/Tobacco	\$	
Restaurants/Entertainment	\$	
Vacations/Travel	\$	
Pet Food	\$	
Fines/Bails	\$	
Other:	\$	
	\$	
Total: (C)	\$	
Total Income: (A)	\$	
Less Household Receipts: (B)	\$	
Total Other Receipts: (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

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. 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) Value (See Section 7, C)							\$
O. Misspent Income & Unverified Expenditures (during the last 30 days) (See Section 5, Line E)							\$
SUBTOTAL – MONTHLY HOUSEHOLD INCOME							\$
P LESS: Total verified monthly work-related expenses: Child Care: \$ _____ Mileage: (RT miles ____ * # of days a week: _____ * # of weeks per month: _____ * ordinance mileage: _____) = 0.00 Other: _____							\$
TOTAL – MONTHLY HOUSEHOLD 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

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.		\$

10. 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 6)	\$		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	

11. UNMET NEED (Office use only)

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

INSTRUCTIONS:

- 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.
- If Section 11, line A (allowed expenses) is greater than line B (income), the result will be an "Unmet Need" (line D).
- 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 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: _____

Secondary Applicant's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

INSTRUCTIONS

ADMINISTRATOR: This form must be used the first time a person applies for GA and then at least every six months. Also, whenever there have been changes in the household (that may effect eligibility) a new application must be taken. If a municipality chooses to use a new application only every six months, "re-application" forms must be used in the interim. Although municipalities may choose to have applicants use "re-application" forms, the preferred method is to use a new application every time an individual applies for GA.

1. HOUSEHOLD

The purpose of this section is to determine how many people live with the applicant, their relationship to the applicant, and what other liable relatives the applicant may have.

Although the Administrator should know how many people are living with the applicant, it is important to note that everyone's income will not necessarily be included (see Section 4, INCOME).

Anyone may apply for assistance. It does not have to be the "head of the household." It can be anyone who can provide the information the administrator needs to determine eligibility.

The administrator also needs to know the names and addresses of "liable relatives" not living with the applicant to determine if they can provide some assistance to the applicant. "Liable relatives" are spouses, and parents of applicants under the age of 25 who are financially able to assist the applicant.

2. EMPLOYMENT INFORMATION

The purpose of this section is to gain an understanding of the applicant's ability to work. Any applicant who has quit his or her job without just cause or who has been discharged from employment for misconduct is automatically ineligible for GA for the 120-day period beginning with the date of separation from employment. Furthermore, after people apply for GA, they are expected to comply with all workfare or work search requirements placed on them.

3. ASSISTANCE REQUESTED

The Administrator should ask the applicant what assistance is being requested and check off only those basic necessities requested.

4. INCOME

When determining the applicant's eligibility you must know the applicant's income and income received by other household members. Certain kinds of income must be excluded including: the applicant's Food Stamps, fuel assistance benefits (HEAP, ECIP), Family Development Accounts, Vista income, earned income received by children still in high school, and income received by certain household members. Refer to Section 1, HOUSEHOLD on the application regarding the total number of people for whom the applicant is seeking assistance, since the income of those people would be included. Actual work-related expenses must be subtracted from income.

The Administrator must count income received by liable relatives living with the applicant, plus income received by other household members such as children, sisters, brothers, roommates only if they pool their income. Pooling means sharing a dwelling unit and living as a family where funds and expenses are intermingled. There is a presumption in GA law that people living in the same dwelling unit are pooling their income, but applicants can rebut the presumption by convincing you they are not sharing resources.

Example: All the income of an unmarried man and woman living together as a family would be counted.

Example: Two women lived together as roommates for the purpose of splitting costs. One of them applied for GA. The Administrator should count 100% of the applicant's income but only her share (50%) of expenses. The applicant's roommate's income would not be included because she proved they do not pool their income.

Regardless of how often income is received, the Administrator should determine need by calculating the "Monthly Household Income" based on the next 30 days. The Administrator has the choice of providing assistance for shorter periods than 30 days.

5. ASSETS

This section is important to help the Administrator learn if the applicant has any assets, which he/she can use to meet his/her immediate needs, or which can be converted to cash. The applicant is expected to use money in bank accounts and all other investments. The applicant is entitled to his/her home (although if mortgage assistance is requested, the municipality may place a lien on it). The applicant can own one vehicle, provided it is not too expensive (see the GA Ordinance). The applicant is expected to sell or convert unnecessary assets into cash if he/she will need on going assistance.

6. EXPENSES

The Administrator must calculate "Monthly Expenses". In the first column, the Administrator should enter the applicant's *actual* expenses to gain an understanding of the applicant's financial situation. In the next column, the Administrator should enter the amount for each basic necessity that is *allowed* in the GA ordinance, or the amount actually paid by the applicant, *which ever is less*. For example, if the applicant's actual rent is \$600 but the maximum level of assistance allowed in the GA Ordinance is \$550, the Administrator should enter \$550 in the second column (Allowed Amount). If the situation was reversed, however and the applicant paid \$550, but the ordinance allowed \$600, the Allowed Amount would be \$550, the lesser amount.

Exception: Due to federal law, the Administrator should always enter the *maximum food amount* (see Appendix C of the GA Ordinance) allowed by the ordinance in the second column.

7. OTHER EXPENSES

This section should be used to refer the applicant to budget counseling, etc, if they are overextended financially.

8. DEFICIT

This calculation is an initial "screen," or test for eligibility. If there is no deficit, the applicant should be denied general assistance unless he or she is an emergency situation. Proceed to Section 9 after completing Section 8.

9. UNMET NEED

This section informs the Administrator whether the applicant is in need of general assistance (i.e., his/her income during the next 30 days is less than both the allowed expenses (Section 6) and the overall maximum (Section 8). If the applicant has a deficit and is in need, refer back to Section 6 to determine how many of the items the applicant requested can be granted by the Administrator. For example, if the applicant wants help with food, rent and electricity, but the applicant is only eligible for \$75, the Administrator can apply that amount toward the item(s) the applicant needs most, in accordance with the maximums in the ordinance. The most the Administrator may provide is the *lower of the two amounts* in Section 9, lines D and E. However, this amount can be exceeded in an emergency. If the applicant is eligible for more assistance than the amount of assistance they are requesting, the Administrator should provide assistance only for the requested assistance at this time. The applicant can apply again, within the next 30 days, to receive the balance if needed.

Additional Information for General Assistance Application:

- Current Bank Statement/or 30 days of bank activity
 - 30 days of income
 - 30 days of bills
 - Proof of income
- Rental agreement, if applicable
- Eviction Notice, if applicable

Town Of Unity
Po Box 416
74 School St.
Unity, ME 04988
Phone: 207-948-3763 Fax: 207-948-3737

GENERAL ASSISTANCE PROGRAM

USE OF INCOME

Documentation of Past 30 Days

Name: _____

Date: _____

Income: _____

Total: _____

ALL RECEIPTS:

Food: _____
Housing: _____
Utilities: _____
Phone: _____
Cable: _____
Propane: _____
Fuel: _____
Personal Care: _____
Tobacco: _____
Alcohol: _____
Magazines: _____
Pet Supplies: _____
Other: _____

Total: _____

MIS-SPENT MONEY:

Phone: _____
Cable: _____
Tobacco: _____
Alcohol: _____
Magazines: _____
Pet Supplies: _____
Other: _____

Total: _____

Total Income: _____

Less Total Receipts: _____

Unaccounted Amount: _____

Mis-spent Amount: _____

*Total: _____

*This total is added to the next 30 days income

VERIFICATION OF RENTAL UNIT

(Must be completed by the Landlord or Manager)

Applicant: _____

Applicant Address: _____

Name all Occupants in the apartment: _____

Number of Adults: _____

Number of children: _____

How long have tenants lived there? _____

Is any tenant a relative of the owner? _____ If yes, state relationship: _____

Rent Paid:

Weekly: \$ _____ Monthly: \$ _____ Date rent is due: _____

Date Rent was last paid: _____ Amount paid: \$ _____ Amount still owed: \$ _____

Does the tenant receive rent subsidy from another agency? _____

If yes, what is the tenant's portion of rent? \$ _____

Please complete the following by placing an "x" in the appropriate type of rental unit:

Single House _____	Utilities Included: _____	Total # of Rooms _____
Apartment House _____	Heat _____	# of Bedrooms _____
Mobile Home _____	Electricity _____	Does the rent have _____
Room _____	Gas _____	its own bathroom? _____
Other: _____	Hot Water _____	Its own kitchen? _____

Legal Owner of the Property: _____

Name the check should be made out to: _____

Complete mailing address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Manager or agent for the above owner: _____

Address: _____

Owner's e-mail address: _____

Signature: _____ Date: _____

(Owner or Manager)

This form does not guarantee the tenant's eligibility for assistance. It is also used to verify residence and accommodations. If the tenant is found eligible for rental assistance, a voucher will be given to the tenant for the payment. The voucher will then need to be returned to this office, signed by the tenant and landlord, for payment by the finance dept.

Volunteer Regional Food Pantry

LAST NAME: _____

FIRST: _____

SOCIAL SEC. NUMBER: _____

ADDRESS _____

SPOUSE _____

SS# _____

CHILDREN IN HOUSEHOLD

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Please check any of the following that you are presently receiving.

FOOD STAMPS: _____

AFDC _____

WIC _____

SS _____

FUEL ASSISTANCE _____

OTHER _____

Are you presently using another food pantry? _____

If so, which one _____

Are you or a spouse in the military? YES _____ NO _____

What branch? _____

When _____

Was a parent, grandparent in the military? YES _____ NO _____

What war? _____

Comments: _____

SIGNATURE: _____

DATE _____

~~~~~  
VRFP BOARDMEMBER \_\_\_\_\_

~~~~~  
DATE _____

Revised 12/04