

# 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.** Any person who knowingly and willfully makes any written or oral false statement of a material fact to the administrator for the purpose of causing himself/herself to be granted assistance will be ineligible for the assistance for 120 days and may be prosecuted for committing a Class E crime, which carries a penalty of up to a \$1,000 fine and one year in jail (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)		Single		Has anyone in the HH ever applied for GA in the past? <b>YES or NO</b>	If yes, Where: _____ When: _____		Type of Assistance Received:
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?		
Are you a Veteran?	Has anyone applied for a VA pension?	Does anyone receive 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 through GA or TANF?		If so, who and date:		
<b>PEOPLE LIVING WITH THE APPLICANT</b>		<b>RELATIONSHIP</b>	<b>DOB</b>	<b>Birthplace</b>	<b>SOCIAL SECURITY #</b>	<b>Disabled(D) Veteran (V)</b>	
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**

<b>1. Name:</b>	<b>2. Name:</b>
<b>Mailing Address:</b>	<b>Mailing Address:</b>

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?
<b>LIST TWO PREVIOUS EMPLOYERS (if needed):</b>			
Name:		Address:	
Name:		Address:	
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?
<b>LIST TWO PREVIOUS EMPLOYERS :</b>			
Name:		Address:	
Name:		Address:	
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?
<b>LIST TWO PREVIOUS EMPLOYERS:</b>			

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.**

✓	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	\$		<b>TOTAL ASSISTANCE REQUESTED</b>	\$

### 4. USE OF INCOME - PRIOR 30 DAYS (Office use only)

<b>Income:</b>	\$	<p>(Use of income may not bar eligibility for applicants in a life threatening emergency or initial applicants)</p>
	\$	
	\$	
<b>Total: (A)</b>	\$	
<b>Household Receipts</b>		
Food	\$	
Housing	\$	
Utilities	\$	
Propane	\$	
Fuel	\$	
Household	\$	
Personal	\$	
Med/Presc.	\$	
Water	\$	
Sewer	\$	
Other:	\$	
	\$	
<b>Total: (B)</b>	\$	
Notes:		
<b>Other Receipts</b>		
Phone	\$	
Internet	\$	
Cable	\$	
Tobacco	\$	
Alcohol	\$	
Magazines	\$	
Pet Food	\$	
Fines/bails	\$	
Other:	\$	
	\$	
<b>Total: (C)</b>	\$	
<b>Total Income: (A)</b>	\$	
<b>Less Total Receipts: (B)</b>	\$	
<b>Plus Misspent Money: (C)</b>	\$	
<b>Plus Difference Between (A)-(B)+(C) - Unaccounted</b>	\$	
<b>(A) Total Added to Line "N, section 5":</b>	\$	

### 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)		\$		\$		\$		\$
<b>For Repeat Applicants Only:</b>								
M. Investment Asset(s) Value (See Section 5, C)								
N. Misspent Income & Unverified Expenditures (during the last 30 days)								
<b>SUBTOTAL – MONTHLY HOUSEHOLD INCOME</b>								\$
O. LESS: Total verified monthly work-related expenses: Child Care: \$ _____ Mileage: (RT miles ____ * # of days a week: ____ * # of weeks per month: ____ * ordinance mileage: _____) = _____ Other: _____								
<b>TOTAL – MONTHLY HOUSEHOLD INCOME</b>								\$

### 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)	\$	\$	\$
	\$	\$	\$
<b>TOTAL MONTHLY HOUSEHOLD EXPENSES</b>	\$	\$	\$

## 8. 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)?		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: \_\_\_\_\_

## 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 affect 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-applications" 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 required.

### 4. USE OF INCOME

The purpose of this section is to determine whether income received in the prior thirty days has been used on basic needs.

### 5. 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 Supplement benefit, fuel assistance benefit, 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 applicant, plus income received by other household members such as children, sisters, brothers, roommates only if they pool their income. Pooling means sharing 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.

### 6. 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.

### 7. 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 category maximums per appendices. In the third column, the amount for each basic necessity that is *allowed* in the GA ordinance, or the amount actually paid by the applicant, whichever 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 third column (Allowed Amount). If the situation was reversed, however and the applicant paid \$550, but the ordinance allowed \$600, the Allowed 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 third column.

### 8. OTHER EXPENSES

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

### 9. 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 in an emergency situation. Proceed to Section 10 after completing Section 9.

### 10. 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 7) and the overall maximum (Section 9)). If the applicant has a deficit and is in need, refer back to Section 7 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 10, 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.