

To be completed by Administrator in conference with the applicant.

REAPPLICATION FOR GENERAL ASSISTANCE

Date: _____

Name of Applicant(s): 1. _____
Last First Middle

Social Security No. _____ Date of Birth _____

2. _____
Last First Middle

Social Security No. _____ Date of Birth _____

Address: _____
Street Town/City Mailing Address (if different)

Administrator: Please read the following to the applicant.

Number of people in the household.
adults _____
children _____

When you apply for General Assistance you are required to give me full and accurate information. Any person who does not tell the truth and who knowingly and willfully makes a false representation of material facts in order to attempt to receive General Assistance will be disqualified for 120 days and may be found guilty of committing a Class E crime. A Class E crime carries a penalty of up to \$1,000 fine and one year in jail (22 M.R.S.A. § 4315).

I. NON-NEED ELIGIBILITY CONDITIONS

(Administrator: Before proceeding, review the applicant's previous application and decision to know what, if any, requirements the applicant was supposed to fulfill prior to reapplying, such as applying for potential resources, looking for work, not quitting work, performing workfare, etc., and discuss these requirements with the applicant. Note whether they have fulfilled these requirements in the space below.)

Worksearch: Did the applicant(s) look for work at the required number of places? Yes No Comments: _____

Workfare: Did applicant(s) complete workfare assignments? Yes No Comments: _____

Use of Resources: Did applicant(s) attempt to receive the resource(s) s/he was referred to? Yes No Comments: _____

Use of Income: Did applicant(s) spend all household income received during the last 30 days on basic necessities? Yes No

Comments: _____

Other: Comments: _____

II. INCOME

Is income received:	<input type="checkbox"/> weekly	day _____
	<input type="checkbox"/> monthly	usual date _____
	<input type="checkbox"/> bi-weekly	day _____
	<input type="checkbox"/> other	_____

Expected to be
Received during the
Next 30 Days

1. Salary/Wages	\$ _____
2. AFDC (Aid to Families with Dependent Children)	\$ _____
3. SSI (Supplemental Security Income)	\$ _____
4. Unemployment Compensation	\$ _____
5. Workers' Compensation	\$ _____
6. Social Security Disability	\$ _____
7. Pension	\$ _____
8. Contributions from Relatives	\$ _____
Relationship(s) _____	
9. Veterans benefits	\$ _____
10. Other (specify) _____	\$ _____

TOTAL PROSPECTIVE INCOME	\$ _____
11. Income received during last 30 days which was not spent on basic necessities	\$ _____
SUBTOTAL: 30-day Income	\$ _____
 LESS: Total 30-day work-related expenses (i.e., actual work-related travel up to ordinance maximums, work- associated child care, etc.)	 subtract \$ _____
TOTAL: 30-day Income	\$ _____

(Administrator: Ask the applicant if s/he has:)

Acquired or sold any assets since the last application? Yes No

If yes, type, value and date of sale: _____

Any cash on hand or remaining from wages or other income? Yes No

If yes, the amount: _____

II. DEFICIT re OVERALL MAXIMUM LEVELS OF ASSISTANCE (Office Use Only)

A. Overall Maximum Level of Assistance	\$ _____	D. If line B is larger than A enter surplus*	\$ _____
B. (minus) Income (see Part II)	\$ _____	* If applicants have a surplus, they are not in need, but you must determine if they are eligible for emergency assistance. If applicants have a deficit, continue with application through Section VII to determine the amount of assistance to be issued.	
C. If line A is larger than line B enter Deficit	\$ _____		

IV. EXPENSES*

(Administrator: Ask the applicant what his/her actual expenses are and what, if anything, they have paid toward their expenses. This will help gain a clear understanding of the applicant's financial situation. When determining eligibility and how much assistance to grant, however, base your decision on the allowed maximum levels of assistance.)

	Actual Cost for for Next 30 Days	Allowed Amount <i>(amount actually owed not to exceed the maximums in the ordinance)</i>
1. Food	\$ _____	\$ _____
2. Rent	\$ _____	\$ _____
(Landlord: _____)		
3. Mortgage:	\$ _____	\$ _____
(Mortgagee: _____)		
4. Electricity (acct. # _____)	\$ _____	\$ _____
5. Gas	\$ _____	\$ _____
(Dealer: _____)		
6. Fuel (other than electricity)	\$ _____	\$ _____
Type: _____		
7. Household/Personal Supplies	\$ _____	\$ _____
8. Other (specify: such as medical, clothing, non- prescriptive drugs, telephone, if medically necessary, etc.)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

V. OTHER EXPENSES / ASSETS

(Administrator: It is important to know if the applicant has the following kinds of debts to gain a clearer understanding of the applicant's financial situation. Complete only if different from previous application.)

A. Does the applicant owe any banks, car payments, credit card companies, stores, etc.? Yes No
If yes, name and amount:

Name	Purpose	Amount
Name	Purpose	Amount
Name	Purpose	Amount

B. Does the applicant owe any doctors or have any medical bills? Yes No
If yes, name and amount.

Name	Amount
Name	Amount

C. Does the applicant have health or life insurance? Yes No
If yes, list the company, amount of policy, amount and type of payment (quarterly, monthly, etc.).

VI. UNMET NEED (Office Use Only)

(Administrator: The applicant is in need and eligible for assistance if his/her income (Part II) is less than his/her deficit (Part III) and his/her income (Part II) is less than his/her allowed expenses (Part IV). If the applicant's income is more than his/her expenses, he/she is not in need, but you should determine if the applicant has an emergency need and is eligible for emergency general assistance.)

A. Allowed Expenses (see Section IV)	\$ _____	C. If line A is larger than line B, enter Unmet Need	\$ _____
B. (minus) Income (see Section II)	\$ _____	D. Enter Deficit from Section III	\$ _____

Instructions:

If line B is larger than line A, the applicants have a surplus of \$ _____ and applicants will not be eligible for general assistance, although the administrator will determine if there is a need for emergency assistance.

If line C is larger than line D, the applicants will be eligible for assistance for the amount of the deficit (line D) for a 30-day period, or a proportionate amount for a shorter period of eligibility.

If line D is larger than line C, the applicants will be eligible for assistance for the amount of the unmet need (line C) for a 30 day period, or a proportionate amount for a shorter period of eligibility.

TOTAL ALLOWED ASSISTANCE \$ _____

VII. ASSISTANCE REQUESTED

- 1. Food \$ _____
- 2. Rent \$ _____
- 3. Mortgage \$ _____
- 4. Electricity \$ _____
- 5. Gas \$ _____
- 6. Fuel (other than electricity) \$ _____
- Type _____
- 7. Household/Personal Supplies \$ _____
- 8. Other (specify) _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- TOTAL REQUESTED** \$ _____

(Administrator: The applicant is eligible for general assistance, assistance should be issued up to the amount requested, provided that it doesn't exceed the amount contained in Part VI (Total Allowed Assistance).)

(Administrator: Please ask the applicant to read the following. Make sure the applicant understands your intention to make third-party contacts to verify eligibility.)

STATEMENT BY APPLICANT: I hereby swear and affirm 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:

- 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;
- Area banks or financial institutions;
- The applicant/household's employer(s), present or prospective, after the applicant-employee has been given one week's written notice to provide the necessary information;
- The applicant's past employer(s);
- The Department of Human Services or any department of the State of Maine;
- The area CAP agency;
- Relatives, specifically:

_____;

- Persons/Vendors to whom the applicant/household owes or regularly pays money, specifically
any utility company,
the area fuel dealer(s),
automobile dealerships to whom the applicant/household is making payments; and

_____;

- Any physician who has information related to the ability of the applicant to work or receive other benefits;
- The following specific sources of information

_____.

Applicant's Signature: _____	Date: _____
Administrator's Signature: _____	Date: _____