

DOVER PUBLIC WELFARE REQUIRED VERIFICATIONS  
Phone - 603-516-6500 Fax – 603-516-6508

NAME:  
ADDRESS:  
SS:  
# in household:

DATE:  
PHONE:  
DOB:  
Assistance Requested:

YOUR APPOINTMENT IS SCHEDULED FOR:

YOU MUST PROVIDE THE FOLLOWING VERIFICATION/DOCUMENTATION AT THIS  
APPOINTMENT OR ASSISTANCE MAY BE DELAYED

- \_\_\_\_\_ Application Form **\*\*\*If this is not filled out for your appointment we will need to reschedule\*\*\***
- \_\_\_\_\_ Rental Verification Form **\*\*\*If this is not completed by landlord we will need to reschedule\*\*\***
- \_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages. Self Emp – Profit/Loss for last 30 days
- \_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due
- \_\_\_\_\_ Employment verification form/termination from your employer (blue form)
- \_\_\_\_\_ You have applied for/ or receiving Social Security or Veterans Benefits
- \_\_\_\_\_ You have applied at DHHS: 150 Wakefield St., Rochester 332-9120 [www.nheasy.nh.gov](http://www.nheasy.nh.gov).
- [ ] Food Stamps [ ] TANF [ ] Childcare [ ] APTD/MA
- \_\_\_\_\_ You have applied for/are receiving Fuel/Electric Assistance Benefits through CAP 460-4237
- \_\_\_\_\_ You have applied for Dover Housing Authority
- \_\_\_\_\_ Verification of injury or illness (green medical form)
- \_\_\_\_\_ You have applied for / are receiving Unemployment Compensation
- \_\_\_\_\_ Picture ID (Adults); If available - birth certificate/SS card (minors)
- \_\_\_\_\_ Vehicle registration
- \_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks
- \_\_\_\_\_ Statement child support payments received / Child support court order
- \_\_\_\_\_ Statement from room-mate(s) regarding division of expenses
- \_\_\_\_\_ Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Welfare Staff

Applicant