

DOVER PUBLIC WELFARE REQUIRED VERIFICATIONS

Phone: 603-516-6500 Fax: 603-516-6508

Dover-Publicwelfare@dover.nh.gov

Name: _____ Date/Time: _____
Address: _____ Phone: _____
Social Security Number: _____ DOB: _____
in household: _____ Assistance Requested: _____
Email: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

You must provide the following verification/documentation at this appointment or assistance may be delayed or denied:

- _____ 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 your 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)
- _____ Verification of injury or illness (green medical form)
- _____ Employment Search Record (Showing 3-5 job searches per day required)
- _____ Savings and checking account, liquid asset statements (Last 30-day printout of all account activity)
- _____ Statement of child support payments received / Child support court order
- _____ Proof of Income tax refund, Child Tax Credit and Stimulus Refund
(Documentation/proof of where refund was spent)
- _____ Vehicle registration
- _____ Picture ID (Adults); Birth certificate/SS card (Minors)
- _____ You have applied for/are receiving Social Security, SSDI, SSI or Veterans benefits
- _____ You have applied at DHHS: 150 Wakefield St., Rochester 332-9120 www.nheasy.nh.gov
[] Emergency Food Stamps [] Food Stamps [] TANF/Other [] Childcare [] APTD/MA
- _____ You have applied for/are receiving Fuel/Electric Assistance benefits
through CAP 603-435-42500
- _____ You have applied for Dover Housing Authority or other Housing Authorities
- _____ You have applied for/are receiving Unemployment Compensation 742-3600 www.nhes.nh.gov
- _____ Statement from room-mate(s) regarding division of expenses
- _____ Other: _____

I understand that failure to provide proof of 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 signature

Applicant signature