

REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____
Social Security Number: _____ D.O.B.: _____
Address: _____ Phone: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

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

- _____ Completed Application Form
- _____ Rental Verification Form
- _____ Last four weeks pay-stubs or other proof of net wages
- _____ Last four week's receipts or other proof of bills paid or currently due
- _____ Employment verification form from your employer
- _____ Employment termination form from your last employer
- _____ You have applied for / are receiving Social Security benefits
- _____ You have applied at the HHS District Office for:
 - Emergency Food Stamps Food Stamps TANF
 - Title XX Daycare APTD/MA OAA
 - TANF Emergency Assistance
- _____ You have applied for / are receiving Fuel Assistance benefits
- _____ Verification of injury or illness
- _____ You have applied for / are receiving Unemployment Compensation
- _____ If available, picture ID (Adults); 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 roommate(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.

Applicant Signature

Welfare Director