



**Town of Salem, New Hampshire**  
**Human Services**  
287 Lawrence Road  
Salem, New Hampshire 03079  
(603) 890-2130 FAX (603) 893-3190

**FINANCIAL AFFIDAVIDT**

Date:

Re:

In accordance with NHRSA 165:19 (*which states in part: any relation who is able to assist – has an obligation to render aid*). The Town of Salem is requesting that you assist to the extent of your ability. Please complete the accompanying *Family Financial Report*. In the upper portion of page 2, please indicate the amount of assistance you are able to provide. If you are currently supplementing the needs of the individual(s) referred to above, be sure you complete the lower portion of page 2.

Should you determine that you are unable to contribute towards the assistance of the above named individual(s), please be sure to complete page 3. This information must be notarized and returned to this office as soon as possible. If these forms are not completed, it may result in a denial of assistance for the above mentioned client. Your cooperation in this matter is greatly appreciated. Should you have any questions, please call 890-2130.

**Town of Salem Human Services**  
**287 Lawrence Road , Salem, NH 03079**  
**603-890-2130**  
**603-893-3190 (fax)**

**Family Financial Report Page 2**

*This report will be kept strictly confidential.*

Re:

I, \_\_\_\_\_ agree to provide \$ \_\_\_\_\_ week/month.  
This assistance is payment for one of the following basic necessities until further notice:

Food    Rent    Electric    Heat    Laundry    Diapers    Other  
*(Please circle one or more of the above.)*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

*Please provide the following information on the family of the applicant.*

\_\_\_\_\_  
Name(s) (both husband and wife, if applicable)

\_\_\_\_\_  
Address:

\_\_\_\_\_  
(Street) (City or Town) (State)

Occupation of    Husband \_\_\_\_\_    Wife \_\_\_\_\_

Place(s) of employment: \_\_\_\_\_

Monthly household income \$ \_\_\_\_\_

Number of children under 18 in home: Other dependants: (provide relationship) \_\_\_\_\_

***Other Monthly Family Income***

Social Security \$ \_\_\_\_\_ Business income \$ \_\_\_\_\_ Public assistance \$ \_\_\_\_\_

Property rent \$ \_\_\_\_\_ Veteran's benefits \$ \_\_\_\_\_ Retirement pension \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

Monthly expenses above the normal cost of living: (Provide explanation)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Can you contribute a monthly sum, even if small, towards the care of this applicant?**

No \_\_\_ Yes \_\_\_ If yes, how much? \$ \_\_\_\_\_ How often? \_\_\_\_\_

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**Family Financial Report Page 3**

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Re: \_\_\_\_\_ Date: \_\_\_\_\_

I/We understand that in accordance with NH RSA 165:10, we have an obligation to assist the above named individual(s) to the best of my/our ability.

I/We (the undersigned) am/are unable to provide assistance or increased assistance to the above named individual(s).

Please use the following space to explain why you cannot provide assistance or increased assistance to the above named individual(s).

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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RSA 165:19

**Liability for Support.** The relation of any poor person in the line of father, mother, stepfather, stepmother, son, daughter, husband, or wife shall assist or maintain such person when in need of relief. Said relation shall be deemed able to assist such poor person if his weekly income is more than sufficient to provide a reasonable subsistence compatible with decency and health. Should said relation refuse to render such aid when requested to do so by a county commissioner, selectman, or overseer of public welfare, such person or persons shall upon complaint of one of said officials be summoned to appear in court. If upon hearing it is found that alleged poor person is in need of assistance, and that said relation is able to render such assistance, the court shall enter a decree accordingly and shall fix the amount and character of the assistance which said relation shall furnish. If said relation shall neglect or refuse to comply with said order, without good cause as determined by the court at a hearing, or by refusing to work or otherwise shall voluntarily place himself in a position where his is unable to comply, he shall be deemed to be in contempt of court and shall be imprisoned not more than ninety nor less than sixty days. If such poor person has no such relation of sufficient ability the town wherein he has a legal settlement shall be liable for his support.