



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

Street Address: _____, Salem, NH

Map _____ Lot _____

I/We _____, the undersigned, hereby acknowledge the Town of Salem has furnished support to me/us in the year 20____ in the amount of \$ *** and is therefore entitled to a lien against my/our real estate situated in the Town of Salem. I/We agree that such lien shall be effective during my/our lifetime, at an interest rate of 6% per year according to RSA 165:28. It is understood that such lien will not be enforced until such time as the earliest of the three following events: (a) my/our death; (b) sale of the property;(c)change in my/our circumstances of such a nature that I/we are able to satisfy the lien.

Witness:

State of New Hampshire
Rockingham, ss

Client Name

Client Address

Signature_____

Date _____, 20____

Subscribed and sworn before me

Notary Public

*****For amount of assistance provided.**