

**Town of Salem, NH**

287 Lawrence Road  
Salem, NH 03079  
603-890-2130 (Phone)  
603-893-3190 (Fax)

**APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION**

I/We, \_\_\_\_\_, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form (Relationship to applicant)

\_\_\_\_\_  
Date

**Town of Salem, NH**  
**Human Services Department**  
**Application Update – Intake Form**  
(to be completed at the time of each request for assistance)

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

Name: \_\_\_\_\_  
                    First                    Middle                    Last                    Birth Date

Address: \_\_\_\_\_  
                    Street / # / Apartment                    Town

How Long at This Address? \_\_\_\_\_ Telephone: \_\_\_\_\_

WHAT TYPE OF EMERGENCY ASSISTANCE ARE YOU REQUESTING AT THIS TIME? \_\_\_\_\_

\_\_\_\_\_

Names and Ages of All Household Members:

_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____
_____	DOB: _____

Name of Employer \_\_\_\_\_

Landlord Contact Information \_\_\_\_\_ Telephone \_\_\_\_\_

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD'S INCOME:

\_\_\_\_\_

INDICATE ANY CHANGES IN YOUR PERSONAL SITUATION SINCE YOUR LAST VISIT.

\_\_\_\_\_

\_\_\_\_\_

**I understand that according to NH RSA 641:3 Unsworn Falsification, if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for a crime.**

\_\_\_\_\_

SIGNATURE