Town/City of Southwest Harbor _____ 06/28/24

APPLICATION FOR GENERAL ASSISTANCE

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

PENALTY FOR FALSE REPRESENTATION. Whoever knowingly and willfully makes any false representation of a material fact to the overseer of any municipality or to the department or its agents for the purpose of causing that or any other person to be granted assistance by the municipality or by the State is guilty of a Class E crime and shall reimburse the municipality for that assistance. Further assistance may be denied until that person reimburses the municipality for the assistance or enters into a written agreement, which must be reasonable under the circumstances, to reimburse the municipality or that person has been ineligible for assistance for a period of 120 days, whichever period is longer. (22 M.R.S.A. § 4315).

1. HOUSEHOLD (Please type or print)

Name of Applicant:	Date of Birth:	Social Security Number:	Household size: (Total people in household)
Mailing Address:			Number of people seeking assistance:
Physical Address:			
Telephone number:			Applicant Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Most recent previous address:			
Previous GA application made? ☐ YES ☐ NO	When?	Where?	
Is anyone in the household currently disqualified from receiving GA? ☐ YES ☐ NO If yes, who?	When?	Reason for disqualification?	

PEOPLE LIVING IN THE HOUSEHOLD	RELATIONSHIP	DATE OF BIRTH	BIRTHPLACE	SOCIAL SECURITY NUMBER	Able Bodied (A) Disabled (D) Minor(M)/Vet (V)

Section 3-C **Complete section 3-C if one or more members of your household are unable to work for medical reasons.**

Disabled unemployed household member #1:			Disabled unemployed household member #2:		
Name:			Name:		
Disability preventing work?	☐ YES	☐ NO	Disability preventing work?	☐ YES	☐ NO
Medical statement verifying?	☐ YES	☐ NO	Medical statement verifying?	☐ YES	☐ NO
Active SSI/SSDI application?	☐ YES	☐ NO	Active SSI/SSDI application?	☐ YES	☐ NO
Completed IAR on file?	☐ YES	☐ NO	Completed IAR on file?	☐ YES	☐ NO
Do you have an attorney?	☐ YES	☐ NO	Do you have an attorney?	☐ YES	☐ NO
What stage are you at in your application for SSI?SSDI?			What stage are you at in your application for SSI?SSDI?		
Additional Comments:					

4. ASSISTANCE REQUESTED

ASSISTANCE REQUESTED: Please list each type of assistance being requested and enter the amount of the request.

ASSISTANCE	AMOUNT	ASSISTANCE	AMOUNT
1. Food	$	7. Household/Personal Supplies	$
2. Rent	$	8. Prescriptions/Medical	$
3. Mortgage	$	9. Water	$
4. Electricity	$	10. Sewer	$
5. LP Gas	$	11. Other (Specify):	$
6. Heating Fuel	$	**TOTAL ASSISTANCE REQUESTED**	$

5. USE OF INCOME - REPEAT APPLICANTS ONLY - PRIOR 30 DAYS (Office use only)

Income:	$
	$
	$
Total: (A)	$
Household Receipts	
Food	$
Housing	$
Electricity	$
Propane	$
Heating Fuel	$
Household	$
Personal	$
Prescriptions/Medical	$
Water	$
Sewer	$
Other:	$
	$
	$
Total: (B)	$
Notes:	

Other Receipts	
Phone	$
Internet	$
Cable/Subscription Services	$
Alcohol/Tobacco	$
Restaurants/Entertainment	$
Vacations/Travel	$
Pet Food	$
Fines/Bails	$
Other:	$
	$
Total: (C)	$
Total Income: (A)	$
Less Household Receipts: (B)	$
Total Other Receipts: (C) (Misspent Money)	$
D. Unaccounted Money (A)-(B)-(C)	$
E. Total of Misspent + Unaccounted (C + D) (Added to Line O, section 6):	$

8. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	MAXIMUM AMOUNT (OFFICE USE ONLY)	ALLOWED AMOUNT (OFFICE USE ONLY)
1. Food	$	$	$
2. Rent – Number of Bedrooms: Name and Address of Landlord:	$	$	$
3. Mortgage – Mortgage Holder:	$	$	$
4. Electricity –Hot Water Y/N Electric Heat Y/N	$	$	$
5. LP Gas	$	$	$
6. Heating Fuel TYPE:	$	$	$
7. Household/Personal Supplies	$	$	$
8. Prescriptions/Medical	$	$	$
9. Water	$	$	$
10. Sewer	$	$	$
11. Other essential needs (specify)	$	$	$
	$	$	$
TOTAL MONTHLY HOUSEHOLD EXPENSES	$	$	$

9. OTHER EXPENSES

NOTE: The administrator should be aware of the following to gain an understanding of the applicant's financial situation.

A. Do you have any debts (i.e., bank loans, car payments, credit cards)? ☐ **YES** ☐ **NO**

If **YES,** give (1) name; (2) purpose money was borrowed; and (3) amount (list below).

NAME	PURPOSE	AMOUNT
1.		$
2.		$
3.		$

10. DEFICIT (Office use only)

A. **Overall Maximum Level of Assistance Allowed** (See GA Ordinance Appendix A)	$		D. **Deficit** (If line A is greater than line B)	$
B. **Income** (See Section 6)	$		E. ***Surplus** (If line B is greater than line A)	$
C. **Result** (Line A minus line B)	$		*** Note:** If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 10 to determine if "unmet need" results in eligibility for "emergency" GA	

11. UNMET NEED (Office use only)

A. Allowed Expenses (See Section 8)	$		**D. Unmet Need** (Amount from line C, but only if line A is greater than line B)	$
B. Income (See Section 6)	$		**E. Deficit** (See Section 10, line D)	$
C. Result (Line A minus line B)	$		**F. Amount of GA Eligibility** (The lower of line D and line E)	$

INSTRUCTIONS:

1) If Section 10, line B (income) is greater than line A (overall maximum), then applicant has a surplus of $_____and will not be eligible for General Assistance **unless** the GA administrator determines there is need for emergency assistance.
2) If Section 11, line A (allowed expenses) is greater than line B (income), the result will be an "Unmet Need" (line D).
3) If there is both an "Unmet Need" (Section 11, line D) and a "Deficit" (Section 11, line E), the applicant will be eligible for the **lower** of the two amounts. This lower amount is the amount of assistance the applicant is eligible for in the next 30-day period, or a proportionate amount for a shorter period of eligibility (i.e., if the applicant needs one week's worth of GA assistance, they should receive ¼ of the 30-day amount).