



FIRE DEPARTMENT CITY OF CONCORD

24 Horseshoe Pond Lane
Concord, NH 03301
www.concordnh.gov/fire
(603) 225-8650

HARDSHIP APPLICATION

GENERAL INFORMATION:

Name: _____ Date of Application: _____

Address: _____

Mailing Address: _____

Telephone: _____ Date of Birth: _____

If you have a Rep Payee, provide name & telephone: _____

List all other persons living in your household: (Use additional sheet if necessary)

| Name | Relationship | Date of Birth |
|------|--------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

HOUSING INFORMATION:

Rent Amount: _____ weekly / monthly Paid up-to-date: yes / no Amount overdue: _____

Mortgage Amount: _____ Paid up-to-date: yes / no Amount overdue: _____

HOUSEHOLD ASSETS:

Provide information regarding accounts held by you and all household members:

| Name | Bank/Credit Union | Savings Acct # | Balance |
|------|-------------------|----------------|---------|
| | | | |
| | | | |
| | | | |

Provide current value of any assets held by you and all household members:

| | | |
|---------------------------------------|----|----|
| Cash on Hand (combined household) | \$ | \$ |
| Certificates of Deposit (CD's) | \$ | \$ |
| Savings Bonds | \$ | \$ |
| Mutual Funds | \$ | \$ |
| Insurance Policies (cash value) | \$ | \$ |
| Property other than primary residence | \$ | \$ |
| Other Investments | \$ | \$ |

By checking this box, I certify that I/we did not file taxes last year:

HOUSEHOLD INCOME: Attach proof from each agency documenting your benefits. Indicate any benefits or income received or applied for by you or any household member:

| Income | Name | Amount |
|------------------------------|------|--------|
| ANB (Aid to the Needy Blind) | | \$ |
| APTD | | \$ |
| Child Support | | \$ |
| Disability (Employer) | | \$ |
| Food Stamps | | \$ |
| Gifts/Loans | | \$ |
| Maternity Benefits | | \$ |
| OAA (Old Age Assistance) | | \$ |
| Retirement | | \$ |
| Severance Pay | | \$ |
| Social Security | | \$ |
| SSI | | \$ |
| SSDI | | \$ |
| TANF | | \$ |
| Unemployment | | \$ |
| Veteran's Pension | | \$ |
| Worker's Compensation | | \$ |
| Other | | \$ |

HOUSEHOLD EXPENSES: List actual or estimated regular monthly expenses. *Not all expenses will be allowable to be included in your eligibility determination, but all should be listed to show your financial situation.*

| | |
|--------------------|----|
| Bank Fees | \$ |
| Bus/Cab | \$ |
| Cable/Internet | \$ |
| Child Support Paid | \$ |
| Gasoline | \$ |
| Car Insurance | \$ |
| Car Payment | \$ |
| Child Care | \$ |
| Credit Card | \$ |
| Diapers | \$ |
| Electric | \$ |
| Food | \$ |
| Heating fuel | \$ |
| Medical Insurance | \$ |
| Laundry | \$ |
| Loan | \$ |

Please explain recent changes to your finances over the last 30 days (ex: job loss, injury, etc.)

CERTIFICATIONS/SIGNATURES/RELEASE OF INFORMATION:

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the Ambulance Service Provider is true and complete to the best of my knowledge and belief.

Applicant Signature: _____

Date: _____

Please return completed Application to:
 Concord Fire Department
 24 Horseshoe Pond Lane
 Concord, NH 03301