

**8. DEFICIT**

A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A)	\$
B. Income (See Section 4)	\$
C. Result (Line A minus line B)	\$

D. Deficit (If line A is greater than line B)	\$
E. *Surplus (If line B is greater than line A)	\$
* NOTE: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 9 to determine if "unmet need" results in eligibility for "emergency" GA.	

**9. UNMET NEED**

A. Allowed Expenses (See Section 6)	\$
B. Income (See Section 4)	\$
C. Result (Line A minus line B)	\$

D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B)	\$
E. Deficit (See Section 8, line D)	\$
F. Amount of GA Eligibility (The lower of line D and line E)	\$

**INSTRUCTIONS:**

- 1) If Section 8, 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 9, 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 9, line D) and a "Deficit" (Section 9, 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 (e.g., if the applicant needs one week's worth of GA assistance, they should receive 1/4 of the 30-day amount).

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

In accordance with Maine law (22 M.R.S.A. § 4321) you have the right to be given a written decision concerning your application within 24 hours of submitting a completed application. If you disagree with the administrator's decision on the application, you have the right to a fair hearing before an impartial hearing authority. If you believe that the municipality has violated state law with respect to your application, you have the right to notify the State Department of Human Services in Augusta (1-800-442-6003).

**STATEMENT BY APPLICANT:** I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household:

- employer(s) (past/present);
- persons, organizations or businesses referenced in this application;
- past, present and/or future landlord;
- bank(s) or financial institutions;
- the Department of Human Services or any department of the State of Maine;
- the area CAP agency;
- relatives, specify: \_\_\_\_\_
- persons/vendors to whom I owe money (e.g., utility company, fuel dealer, car dealership);
- physician(s) with information related to my ability to work or receive other benefits: \_\_\_\_\_
- the following specific sources of information: \_\_\_\_\_

Applicant's Signature: _____	Date: _____
Administrator's Signature: _____	Date: _____

Town/City of \_\_\_\_\_

# 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.** Any person who knowingly and willfully makes any written or oral false statement of a material fact to the administrator for the purpose of causing himself/herself to be granted assistance will be ineligible for assistance for 120 days and may be prosecuted for committing a Class E crime, which carries a penalty of up to a \$1,000 fine and one year in jail (22 M.R.S.A. § 4315).

## 1. HOUSEHOLD (Please type or print)

Name of Applicant (Last name, First name, Middle Initial)		Age	Social Security Number	Telephone Number
Mailing Address (Street, City, State, ZIP code)				Length of Residence
Applicant's Most Recent Previous Address(Street, City, State, ZIP code)				Length of Residence
Applicant is:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Has the applicant ever applied for General Assistance from this or another municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of assistance granted	When
			Municipality	
Number in household:	How many are related?	How many are not related?	Total number of people for whom applicant is seeking assistance:	
<b>PEOPLE LIVING WITH THE APPLICANT</b>		<b>RELATIONSHIP</b>	<b>BIRTHDATE</b>	<b>SOCIAL SECURITY #</b>
1	Name			
2	Name			
3	Name			
4	Name			
5	Name			

### NAMES AND ADDRESSES OF SPOUSE, EX-SPOUSE, PARENTS, GRANDPARENTS AND CHILDREN'S PARENTS WHO ARE NOT MEMBERS OF THE HOUSEHOLD

1	Name	Age	2	Name	Age
Mailing Address			Mailing Address		
Relationship		Telephone Number	Relationship		Telephone Number
3	Name	Age	4	Name	Age
Mailing Address			Mailing Address		
Relationship		Telephone Number	Relationship		Telephone Number

## 2. EMPLOYMENT INFORMATION

A. Is applicant currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of job:		
If Yes, Name of Employer	Address of Employer	Length of Employment
<b>LIST THREE PREVIOUS EMPLOYERS</b>		
1	Name	Address
		Length of Employment
2	Name	Address
		Length of Employment
3	Name	Address
		Length of Employment
Under what circumstances did the Applicant leave his/her last place of employment?		Date of separation from employment
If unemployed, has applicant registered with the Maine Job Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Highest level of education completed
		Was applicant in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____
Job Skills		

