GENERAL ASSISTANCE

Applications accepted on Monday through Thursday 9:00AM- 3:00PM,
Fridays 9:00AM-12:00PM
207-793-4475
selectboardadmin@limerickme.org

I Proof of income for the last 30 days for all members of household- pay stubs/SSI

II Any funds received by applicant or applicant's household members from a family member, friends or other in the last 30 days or expected in the next 30 days.

III Copy of all bills/invoices outstanding for what you are applying for the last three months

IV If unemployed due to medical reasons a note from your physician

V Most current bank statement

NOTICE TO ALL GENERAL ASSISTANCE APPLICANTS

USE OF INCOME REQUIREMENTS

Income for basic necessities. Applicants are required to use their income for basic necessities. Except for initial applicants, no applicant is eligible to receive assistance to replace income that was spent within the 30-day period prior to the application on goods and services that are not basic necessities. All income spent on goods and services that are not basic necessities will be considered available to the applicant and combined with the applicant's prospective 30-day income for the purposes of computing eligibility. 22 M.R.S.A. § 4315-A. Applicants who have sufficient income to provide their basic necessities but who use that income to purchase goods or services which are not basic necessities will not be considered eligible for assistance. Persons who exhaust their income on basic necessities and who still need assistance with other basic necessities will be eligible, provided that their income does not exceed the maximum levels of assistance.

Use-of-income requirements. Except for initial applicants, anyone applying for general assistance must document their use of income to the administrator. This documentation can take the form of check stubs and/or receipts which demonstrate that the applicant has used his/her income for basic necessities.

Allowable expenditures include reasonable shelter costs (rent/mortgage); the cost of heating fuel, electricity, food and non-prescription drugs *up to the ordinance maximums*; telephone costs at the base rate *if the household needs a telephone for medical reasons*, the costs of nonelective medical services as recommended by a physician which are not otherwise covered by medical entitlement or insurance; the reasonable cost of essential clothing, and the costs of any other commodity or service determined essential by the administrator.

Cable television, cigarettes/alcohol, gifts purchased, costs of trips or vacations, court fines paid, repayments of unsecured loans, credit card debt, costs associated with pet care, etc. are not considered basic necessities and will not be included in the budget computation.

The municipality reserves the right to apply additional use-of-income requirements to any applicant, other than an initial applicant, who fails to use his/her income for basic necessities or fails to reasonably document his/her use of income. 22 M.R.S.A. §4315-A. Those additional requirements will be applied in the following manner:

1) The administrator may require the applicant to use some or all of his/her income, at the time it becomes available toward *specific* basic necessities. The administrator may prioritize such required expenditures so that most or all of the applicant's income is applied to housing (i.e., rent/mortgage), energy (i.e., heating fuel, electricity), or other specified basic necessities.

2) The administrator will notify applicants in writing of the specific use-of-income requirements placed on them.

3) If upon subsequent application it cannot be determined how the applicant's income was spent, or it is determined that some or all of applicant's income was not spent as directed and was also not spent on basic necessities, the applicant will not be eligible to receive either regular or emergency general assistance to replace that income.

4) If the applicant does not spend his/her income as directed, but can show with verifiable documentation that all income was spent on basic necessities up to allowed amounts, the applicant will remain eligible to the extent of the applicant's eligibility and need.

(over)

NOTICE TO ALL GENERAL ASSISTANCE APPLICANTS

LIMITS ON EMERGENCY ASSISTANCE

Limitation on emergency assistance. Applicants are not automatically eligible for emergency assistance. If applicants had income which could have been used to prevent all or part of an emergency, but they spent that income on items which are not basic necessities, they will not be eligible to receive general assistance to replace that money. Applicants have the responsibility to provide the administrator with verifiable documentation demonstrating that the applicant did not have sufficient income to avert the emergency situation. According to the following criteria, the administrator may limit emergency assistance to cover only the difference between the amount of money necessary for the household to avoid the emergency and the amount of income available to the household during the applicable time period.

a) The applicable time period shall be the 30 days preceding the application for emergency assistance, except in those cases where the emergency was created by a negative account balance for a commodity or service (such as rental, mortgage or utility payments), and the negative account balance was created over a longer period of time. In such cases, the applicable time period shall be the consecutive length of time the account balance has been in the negative.

b) The administrator shall seek from the applicant all information pertinent to the applicant's ability to provide for his or her basic necessities for the applicable time period.

c) The applicant shall provide evidence of income and resources for the applicable time period.

d) The administrator shall compute all costs for the household's basic necessities during the applicable time period, per month, in accordance with the maximum levels established by this ordinance or the actual monthly cost, whichever is less, including all costs associated with averting the particular emergency situation for which the applicant is seeking assistance.

e) From the total household costs for basic necessities during the applicable time period, the administrator shall subtract the total income and lump sum payments available to the household for the applicable time period as well as the total general assistance actually received during the applicable time period.

f) The administrator may restrict the issuance of emergency assistance to the difference yielded by the computation in sub-section (e), even when such a grant will not totally alleviate the emergency situation.

g) The administrator shall not apply this limitation of emergency assistance to first time applicants, that is, persons who have not applied for or received general assistance from this municipality within the last 12 months or any other municipality within the last 6 months.

h) The administrator may elect not to apply the above limitation on emergency assistance in life threatening situations or in situations where the applicant did not have reasonably sufficient notice of the municipal authority to so-limit a grant of emergency assistance.

i) Notice of the municipal authority to limit emergency assistance according to 22 MRSA § 4308(2)(B) and this ordinance shall be issued to all applicants.

j) Nothing in these criteria may be construed as prohibiting a municipality from electing to alleviate an emergency situation in the most cost-effective manner available, provided such a determination of eligibility for emergency assistance is in conformance with general assistance law.

Town/City of Limerick 06/21/24

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)

2. HOUSEHOLD INFORMATION

Does everyone in the household receive SNAP benefits? ☐ YES ☐ NO	Does everyone in the household have Maine Care? ☐ YES ☐ NO	Has your household applied for LIHEAP? ☐ YES ☐ NO	Have you reached the TANF 60 month time limit? ☐ YES ☐ NO	Is anyone sanctioned by TANF? ☐ YES ☐ NO
Does anyone in the household have a warrant for their arrest as a result of a felony conviction? ☐ YES ☐ NO	Did you or anyone in your household serve in the U.S. Military? ☐ YES ☐ NO	Has your household filed an income tax return? ☐ YES ☐ NO If yes, list date and amount:	Do you have subsidized housing? ☐ YES ☐ NO If yes, list your monthly amount:	
	Has anyone applied for a VA Pension?	Has anyone received an income tax refund? Date: Amount:	Has anyone received a lump sum? Date: Amount:	
Is everyone in the household a U.S. Citizen? ☐ YES ☐ NO NOTE: If any household member does not have permanent status, affidavit must be completed.		Is any other person, or agency assisting with your household expenses (rent, electric, heat etc.)? If yes, please explain:		

NAMES AND ADDRESSES OF EMERGENCY CONTACTS WHO ARE NOT IN THE HOUSEHOLD (PARENTS, GRANDPARENTS AND ADULT CHILDREN WHO ARE NOT MEMBERS OF THE HOUSEHOLD)

1. Name:		2. Name:	
Mailing Address:		Mailing Address:	
Relationship:	Telephone #:	Relationship:	Telephone #:

3. EMPLOYMENT INFORMATION – APPLICANT

Section 3-A **Complete section 3-A if one or more members of your household are employed.**

Currently employed household member #1:	**Currently employed household member #2:**
Name:	Name:
Employer:	Employer:
Date of last paycheck:	Date of last paycheck:
Amount of last paycheck:	Amount of last paycheck:
Date of next paycheck:	Date of next paycheck:
Additional Comments:	

Section 3-B **Complete section 3-B if one or more members of your household are able to work but are unemployed.**

Able-Bodied unemployed household member #1:	**Able-Bodied unemployed household member #2:**
Name:	Name:
Previous Employer #1:	Previous Employer #1:
Reason Job Ended:	Reason Job Ended:
Last Date of Employment:	Last Date of Employment:
Previous Employer #2:	Previous Employer #2:
Reason Job Ended:	Reason Job Ended:
Last Date of Employment:	Last Date of Employment:
Highest Level of Education Completed:	Highest level of Education Completed:
Additional Comments:	

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 (C + D) Misspent + Unaccounted (Added to Line O, section 6):	$

6. PROJECTED 30 DAY INCOME

INCOME: Enter the amount of all money to be received (in the next 30 days) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members. Report how often income is received.

TYPE OF INCOME	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		OFFICE USE ONLY
	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	MONTHLY TOTAL
A. Employment	$		$		$		$
B. TANF	$		$		$		$
C. SSI – Supplemental Security Income	$		$		$		$
D. State Supplement ($10 if receive SSI)	$		$		$		$
E. Social Security (other)	$		$		$		$
F. Unemployment or Workers Comp	$		$		$		$
G. Military/Veteran Benefits	$		$		$		$
H. Retirement or Pension Plan	$		$		$		$
I. Child/Spousal Support	$		$		$		$
J. Bank Accounts and Cash On Hand	$		$		$		$
K. Income In Kind	$		$		$		$
L. Post-Secondary financial aid, grants	$		$		$		$
M. Other (please specify)	$		$		$		$
For Repeat Applicants Only: N. Investment Asset(s) Value (See Section 7, C)							$
O. Misspent Income & Unverified Expenditures (during the last 30 days) (See Section 5, Line E)							$
SUBTOTAL – MONTHLY HOUSEHOLD INCOME							$
P LESS: Total verified monthly work-related expenses: Child Care: $_____ Mileage: (RT miles ____* # of days a week: * # of weeks per month: * ordinance mileage:)= 0.00 Other:							$
TOTAL – MONTHLY HOUSEHOLD INCOME							$

7. ASSETS

ASSETS: Check **yes for each asset owned and enter the value. Enter who in the household owns the asset.**

TYPE OF ASSET	VALUE	ASSET OWNED BY
A. Home	$	
B. Real Estate (other than home)	$	
C. Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.	$	
D. Vehicle(s) (i.e., car, truck, motorcycle)	$	
Additional vehicles	$	
E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)	$	
F. Other	$	

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).

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 Health and 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 landlords;
- Bank(s) or financial institutions;
- The Department of Health and Human Services or any department of the State of Maine;
- The area Community Action Program;
- Relatives, specify:_____ _____
- Persons/vendors to whom I owe money (i.e. utility company, fuel dealer, car dealership);
- Physician(s) with information related to my ability to work or receive other benefits;
- Housing Authority (local and/or state);
- The following specific sources of information_____ _____

Applicant's Signature:_____ Date:_____

Secondary Applicant's Signature: _____ Date: _____

Administrator's Signature:_____ Date:_____

TOWN/CITY OF
GENERAL ASSISTANCE NOTICE and REQUIREMENTS

General Assistance is a program of the last resort based on immediate need for the most basic necessities. You must use all available income and resources first. Basic necessities include shelter/rent, food, fuel, electricity, personal care and household items, medication, and non-elective medical services as recommended by a physician. (22 MRSA§ 4301)

The following are examples of items not considered basic necessities and will not be allowed in the budget computation: phone bills, cell phones, internet connection, cable/satellite television, mail orders, cigarettes, alcohol, gifts, costs of trip or vacations, credit card debts, cost associated with pet care, legal fees, late fees, key deposits, payments on vehicles, furniture and/or appliances, and repayment of unsecured loans.

Parents who are financially able are required by law to support their children under the age of 25. Spouses are legally required to financially support each other. The municipality has the right to require these relatives to repay any assistance that is granted. (22 MRSA § 4319(1))

When you attend your intake please bring the following:

- Picture Identification (State ID or driver's license) for everyone over age 18 in the Household
- Passports, I-94s & Visas (if not U.S. Citizens)
- Social Security Cards for all Household members
- Medical Cards (private, MaineCare, Medicare or Healthy Maine Prescription)
- Written verification of all household income anticipated in the next thirty-day period
- Documentation of all Household Expenses (actual bills – paid and unpaid)
- Current Bank Statements for all accounts including checking & savings
- Verification of any other assistance you receive TANF, SNAP, Subsidized Housing, BRAP, Shelter + Care, RAC, Section 8, Etc.

Household Income includes but is not limited to:

- Wages received for any full-time, part-time or temporary employment (including money earned "under the table")
- Social Security and/or SSI payments (whether in your name, your children's name or the name of a payee)
- Disability payments or Workers Compensation
- Unemployment Compensation Benefits
- VA (Veterans) Benefits;
- TANF/ASPIRE
- Child Support
- Payments from a pension or trust fund (including interest on any assets)
- All State & Federal Income Tax Refunds and their Property Tax Fairness Credit- if not used for basic necessities (formerly the Maine Residents Property Tax Rebate)
- Income from all household members, including children, roommates, relatives, boyfriends or girlfriends
- Income received from all sources including relatives and friends and income 'in kind"
- Lump Sums (Settlements of any kind or one-time payments)

Household Expenses Include but are not limited to:

- Rent or Mortgage
- Utilities (CMP, oil, propane, K-1, sewer bills, water bills, etc.)
- Work related expenses (i.e. childcare, bus tickets, mileage to work & tolls)
- Any bills that you pay on a regular basis (phone, internet, cable, internet, car insurance, medical expenses, credit cards, etc.)

GENERAL ASSISTANCE NOTICE and REQUIREMENTS
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Repeat Applicants (you need to follow all instructions on your eligibility/ineligibility form):

- Find reasonable housing within the municipality's guidelines that you are or will be residing. (22 MRSA §4301)
- Provide verification of all household income and expenses for the past 30 days. (22 MRSA §4301)
- Provide receipts for the past 30 days' income to show where you spent your money. If determination cannot be made that income was spent on basic needs, the applicant will not be eligible to receive assistance to replace the misspent or missing money. (22 MRSA §4315A)
- Apply for and utilize any available and potential resources or benefits you are referred to. (22 MRSA §4317)
- Do not cause a termination or reduction of benefits from other public assistance programs including Unemployment Insurance. (22 MRSA §4317)
- If working, you must maintain your employment and/or not cause yourself to be fired or quit (22 MRSA §4316-A)
- If you are able to work but are not currently employed, you will be required to complete workfare, job searches, register at the Career Center and participate in no cost training, if referred by the administrator. (22 MRSA §4316-A (2))
- If you have not completed your high school education and/or have limited English skills you will be required to participate in no cost classes, if referred by the administrator. (22 MRSA §4316-A (1-D))
- If you are not able to work, a medical statement will be required. (22 MRSA § (5))
- You must reimburse the Town/City for assistance provided in the event you have the ability to do so. (22 MRSA §4318)

Use of Income, Denial, False Representation and Disqualification:

- The Municipality reserves the right to apply specific use-of-income requirements to any applicant who fails to use his or her income for basic necessities or fail to reasonably document his or her use of income.
- Failure to do any of the above may result in being denied general assistance or affect your future eligibility.
- False representation of the material facts is fraud which is a Class E crime and carries a penalty of $1,000 fine and possible jail time. (22 MRSA §4315)
- A disqualification from general assistance may also lead to the loss of your food supplement assistance from DHHS. (22 MRSA §4316-A)

Your rights when applying for General Assistance:

- You have the right to make an application which is confidential and receive a written decision within 24 hours.
- If this is the first time you have applied for general assistance your eligibility can be determined only on the basis of need and you can't be stopped from applying because of the lack of length of residence.
- If you are facing an emergency situation you may be found eligible for emergency general assistance, even if you are not eligible for nonemergency general assistance.
- If you are denied help you have the right to appeal and have a fair hearing to decide if the decision denying you assistance was correct. You also have the right to contact the State Department of Health and Human Services (DHHS) in Augusta at 1-800-442-6003 if you think this decision violates State Law.
- You have the right to review the Ordinance, Policy and Statutes that sets forth the rules for the General Assistance Program.

I have read the above and understand my responsibilities for General Assistance.

Client's Signature: _____ Date: _____