

*Town of Fremont NH – Direct Assistance Program – Form G*

**INTAKE FORM**

(to be completed at the time of each request for assistance)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Maiden

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

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

NAMES AND AGES OF ALL HOUSEHOLD MEMBERS: \_\_\_\_\_

LIST ALL SOURCES AND AMOUNTS OF HOUSEHOLD'S EARNED AND UNEARNED INCOME.  
THIS INCLUDES CASH, SAVINGS AND CHECKING ACCOUNTS:

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

**I understand that 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