TOWN OF GORHAM RENEWAL APPLICATION FOR GENERAL ASSISTANCE

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).

NAME: _____ DATE: _____
Last First Middle I.
# of persons in household?: ___ Any changes to # of persons from previous App?: _____

Estimated Income (next 30 days)		Actual Expenses (Next 30 days)		**Administrator Use Only Allowed Amounts**
Earnings:	$_____	Housing	$_____	**$**_____
TANF:	$_____	Electric	$_____	**$**_____
SSI:	$_____	Fuel(heat)	$_____	**$**_____
Unemply.	$_____	Food	$_____	**$**_____
Child Suppt.	$_____	Household/pers.	$_____	**$**_____
Other:	$_____	Other	$_____	**$**_____
Sub total	**$**_____	Other	$_____	**$**_____
Mileage(work)	$_____	**TOTAL**	**$**_____	**$**_____
Child Care	$_____			
Total:	**$**_____			

Actual Income (past 30 days)

Earnings: $_____
TANF: $_____
SSI: $_____
Unemplymnt. $_____
Child Suppt. $_____
Other: $_____

Previous month's spending
(List all expenses and provide receipts)

Purpose	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ADMINISTRATOR USE ONLY

Overall Maximum Level of Asstnc. $_____
Income Subtract -$_____
Result-Enter $0 if income is greater =$_____(A)

Allowed Expenses $_____
Income Subtract -$_____
Result-Enter $0 if income is greater = $_____(B)

GA Eligibility (lower amount of A or B) $_____
Amount misspent from prev. Subtract - $_____
Total GA Award **$**_____

Administrator Notes:_____
_____
_____
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_____

Applicant Signature:_____ Date:_____

Administrator Signature: _____ Date:_____