



**Financial Support**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

I give the person filling out this form permission to report all money given to me and assistance paid on my behalf in the time period in question.

Applicants Signature: \_\_\_\_\_

Time Period: From: \_\_\_\_\_ To: \_\_\_\_\_

**Please complete the following, sign the form and include your address and phone number (Person outside of household helping pay bills must fill in this section.)**

1. Is this Alimony/Spousal support? Yes\_\_\_\_\_ No\_\_\_\_\_
2. What type of assistance has been provided? (Check all that apply)  
Rent/Mortgage\_\_\_\_\_ Food\_\_\_\_\_ Utility Payment\_\_\_\_\_ Fuel\_\_\_\_\_
3. Total amount provided to the applicant in the **time period listed above**. \$ \_\_\_\_\_
4. Who was this paid to? \_\_\_\_\_
5. How many months have you been helping the applicant? \_\_\_\_\_
6. Does this have to be paid back? ( ) YES ( ) NO
7. Relationship to Applicant? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Please Print Name Clearly

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone Number

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please send all forms, application sand correspondence to **Your Local County's Outreach Office:**

**Carroll County Outreach Office**  
448 White Mountain Highway  
Tamworth, NH 03886  
Phone: (603) 323-7400  
Email:carrollcc@tccap.org

**Coos County Outreach Office**  
53 Main Street Suite 2  
Berlin, NH 03570  
Phone: (603) 752-3248  
Email:berlincc@tccap.org

**Grafton County Outreach Office**  
41 School St  
Ashland, NH 03217  
Phone:(603) 968-3560  
Email:ashlandcc@tccap.org