

TOWN OF SALEM, NH  
HUMAN SERVICES DEPARTMENT  
33 GEREMONTY DRIVE, SALEM NH 03079  
TEL: 603-890-2130 • FAX: 603-893-3190  
OFFICE HOURS: MON-FRI 8:30AM-3:30PM

### **BASIC NEEDS POLICY**

**New clients** must provide basic needs receipts from the date they sign this form.

**Returning clients** must provide receipts showing where all income has been spent in the last 30 days and basic needs receipts for the last 30 days.

If you cannot account for your income or misuse your income to pay for non-basic needs your assistance can be reduced by that amount. **Please keep all receipts** for all purchases from today forward to account for your income in order for this office to make a determination regarding eligibility for general assistance. Following is a list of what this office considers basic needs and non-basic needs:

#### **Basic Needs**

Rent/mortgage \_\_\_\_\_  
Renters insurance \_\_\_\_\_  
Homeowner's insurance \_\_\_\_\_  
Food and toiletries \_\_\_\_\_  
Laundry \_\_\_\_\_  
Utilities \_\_\_\_\_  
Medication \_\_\_\_\_  
Basic Internet \_\_\_\_\_  
Basic home phone \_\_\_\_\_  
Basic cell phone \_\_\_\_\_  
Car gas \_\_\_\_\_  
Car payment (if employed) \_\_\_\_\_  
Car insurance – comprehensive (if you have a vehicle loan) or liability (if your vehicle is paid in full) \_\_\_\_\_

#### **Non-Basic Needs**

Cable, Satellite, Dish \_\_\_\_\_  
Credit cards \_\_\_\_\_  
Personal loans \_\_\_\_\_  
Eating out/takeout \_\_\_\_\_  
Manicures/nails \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Cigarettes \_\_\_\_\_  
Alcohol \_\_\_\_\_

**By signing below, you acknowledge receipt of this basic needs policy and understand the requirements of this policy.**

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Applicant Signature

Date

Co-applicant Signature

Date