

Franklin Township

A Proud Somerset County Community
DEPARTMENT OF COMMUNITY RESOURCE & SERVICES



No.5 BEST PLACE TO LIVE IN AMERICA
MONEY MAGAZINE'S 2008 GREAT AMERICAN TOWNS

MULTI-PURPOSE BUILDING
935 HAMILTON STREET
SOMERSET, NJ 08873-3697
TEL. (732) 873-2500 x6310
FAX. (732) 873-5798
www.franklintwpnj.org

PLEASE PROVIDE ORIGINALS OF ALL REQUIRED DOCUMENTS

1. **Birth certificate and social security card (or document from social security indicating that you have applied for a new card)**
2. Copy of **marriage license**, and or divorce decree
3. **Alien-Green Card**; passport (**must bring all passports**) and must have applied for citizenship with proof of application
4. **Drivers license** current with photo identification, or current government photo identification
5. Current **proof of residence** – acceptable only:
 - a. current lease or mortgage payment
 - b. notarized letter (must be notarized by landlord only)
 - c. mailed documentation that is official such as: PSE&G bill or Telephone Bill
 - d. documentation of any real estate owned by applicant
 - e. **ALL DOCUMENTATION MUST BE FOR THE CURRENT MONTH APPLYING**
6. All applicants must submit a **job service card** (see copy attached)- whether employable or unemployable –
 - a. You must go to: **506 Jersey Avenue, New Brunswick to get card**

7. **If you are disabled** you must submit the following:
 - a. **Physician's note** on their letterhead or script (this does not guarantee unemployable status)
 - b. **Signature** must be from physician
 - c. **Note: a state MED 1** form will be submitted to your physician to complete and must indicate the following:
 1. Nature of disability
 2. The anticipated period of time you will be unable to work and how long you will be unemployable.
 3. Name and address of physician
 - d. **Must Provide proof of application from social security**

8. Students
 - a. If you are going to school Monday through Friday from 8:30 a.m. to 1:30 p.m.--
STOP! YOU ARE NOT ELIGIBLE!
 - b. If hours are evening, continue with submitting required documents
 1. Letter from school indicating the following:
 - i. Hours (full time/part time)
 - ii. Proof of payments
 - iii. 1040 if claimed by parents
 - iv. If you are in a work study program, submit the following:
 - a. Start of program
 - b. When approved for current term
 - c. Length of employment

9. Information concerning **income** (last two (2) pay stubs)

10. **Individuals living together:**
 - a. Must submit a joint application
 - b. Partners must apply together and it is a joint application
 - c. Cohabitants living as a couple must apply together

11. **Unemployment**
 - a. **If you are receiving unemployment benefits, STOP! YOU ARE NOT ELIGIBLE!**
 - b. **All applicants** must submit proof they have applied for unemployment
 - c. If you **have ever** received or are **currently** receiving unemployment, submit a current print out from unemployment indicating all payments.

12. If you have been recently **released from jail or prison** you must submit the following:
 - a. Parole release papers
 - b. Documentation indicating offense (why you were in jail or prison)
 - c. If on probation, you must provide the name of your probation officer and contact information.

13. **Drug charges** you must submit the following:
 - a. If you have a distribution charge, **STOP! YOU ARE NOT ELIGIBLE!**
 - b. Court papers of actual charges
 - c. If you were in a rehabilitation program you must bring proof

14. **Bank statements** must bring the following:
 - a. Current statements of all accounts **for the last 3 months i.e. checking, savings, credit union, stocks.**
 - b. 401K current statements **for the last 3 months**
 - c. IRA or pension accounts - must bring current statements for **the last 3 months**

15. **Child support** you must bring in the following:
 - a. Proof that you receive support and how much
 - b. If funds are directly deposited or deposited into an account then all current statements last 3 months
 - c. Court documentation about child support

16. **Medical insurance**
 - a. You must submit proof and type of insurance you own

17. **Law suits** pending
 - a. Pending case – we will need the attorney’s name and address
 - b. Awarded case – documentation from the attorney of the amount awarded to you on attorney’s letterhead with contact information

****SPECIAL NOTE:**

ALL EMPLOYABLE CLIENTS AND SOME UNEMPLOYABLE CLIENTS WILL BE REQUIRED TO PARTICIPATE IN THE WORK FIRST NEW JERSEY PROGRAM (WFNJ). *“Applicants who report a medical condition which will prevent them from working will be provided with medical coverage and a Med-1 form to be completed” (unless they already have medical coverage). “The applicant must participate in the work requirement until a completed Med-1 is received by the MWA”...*

*******All applicants must submit documentation the same day of application. If all documentation is not received the same day the application will be denied.**

OFFICE HOURS:

- **Hours for Municipal Welfare are: Monday – Thursday 8:30 am -11:30 am**
- **Applications must be completed on premises only**
- **Last application given out to applicant at 11:00 am**
- **We do not do in-home applications – you must come into the office to apply during scheduled times**

