



## **Verification's Required from Applicants for Welfare Assistance**

In order to apply for General Assistance, you must complete the application and provide all requested documentation. Failure to make good faith effort to obtain the required verification may delay the processing of your application and/or may result in the denial of your application. If you are unable to obtain the requested verification's, we will discuss with you alternative means of providing the required proof.

1. Proof of identification (picture ID, drivers license, birth certificate, social security card).
2. Divorce decree or marriage license.
3. Proof of children (birth certificate or social security card).
4. Proof of residency. If renting, the Landlord Form must be completed by the Landlord or authorized representative.
5. Residence/shelter expenses - rent, utilities, water and sewer, etc. for the past 30 days.
6. Proof of income (current pay stubs, court ordered support payments, workers compensation papers, social security benefits, AFDC benefits, food stamps, unemployment, etc.) for the past four (4) weeks.
7. Proof of real or personal property - car, motorcycles, trailer, house, etc.
8. Proof of cash resources (savings and checking accounts, etc.) (2 months of bank statements)
9. A statement signed by you that financial assistance is not currently available from parents or spouse.
10. Termination notice from previous welfare (state, city of county welfare).

Other:

Town of Hillsborough  
29 School Street  
PO Box 7  
Hillsborough, NH 03244  
(603) 464-7974  
welfare@hillsboroughnh.net

## THIS APPLICATION IS A LEGAL DOCUMENT

Please read carefully before completing this application for assistance. Once submitted to the department for consideration, the application and related material becomes the property of the TOWN OF HILLSBOROUGH and shall be considered confidential.

It shall be the right of any individual regardless of race, age, gender, sexual orientation, religious or political affiliation to apply for local welfare assistance.

Each application will be reviewed with the applicant in order to make a determination regarding the applicant's eligibility for assistance. If the applicant does not agree with the decision of the Welfare Administrator regarding the determination of eligibility based on the current Welfare Guidelines of the TOWN OF HILLS BOROUGH, the applicant may request a Fair Hearing within five (5) days of the date of such written decision.

**YOU, THE APPLICANT, ARE RESPONSIBLE AT EACH APPOINTMENT FOR PROVIDING FULL AND ACCURATE INFORMATION REGARDING YOUR HOUSEHOLD INCOME AND EXPENSES HOUSEHOLD MEMBERS, CURRENT ADDRESS, DETAILS OF YOUR CURRENT SITUATION AND ANY CHANGES IN REGARD TO THIS INFORMATION.**

All questions must be answered fully. Failure to complete any part of this application may delay processing the request for assistance. Blank spaces will be considered an omission of information. Applicants must comply with any requests for information by the Welfare Administrator necessary for determination and investigation of the applicant's eligibility for assistance. Failure to comply with requests may result in withdrawal of the application for assistance, denial of assistance requested, or suspension pursuant to RSA165:1-b.

\* If a question on this form is unclear to you, discuss it with the welfare official.

**APPLICATION FOR ASSISTANCE**

Date of Application: \_\_\_\_\_ Referred By: \_\_\_\_\_  
Assistance Requested: \_\_\_\_\_  
Reasons for Request: \_\_\_\_\_

**1. General Information - Applicant**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Rent or Own \_\_\_\_\_ How long at this address \_\_\_\_\_

Type of Housing: \_\_\_ House \_\_\_ Apt \_\_\_ Mobile Home Other: \_\_\_\_\_

Household Composition: #18 & over \_\_\_\_\_ #Under 18 \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

If at the current address less than 12 months, list past 12 months' addresses:

<u>Street</u>	<u>Town/City</u>	<u>State</u>	<u>Dates of Residence</u>
_____	_____	_____	_____
_____	_____	_____	_____

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Social Security# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Education: \_\_\_ High School Diploma \_\_\_ Less than HS Diploma \_\_\_ GED \_\_\_ Some College  
\_\_\_ 2 Year Associates \_\_\_ 4 Year Bachelor \_\_\_ Graduate studies

Citizenship: \_\_\_ United States \_\_\_ Other: \_\_\_\_\_

Ethnicity: \_\_\_ White/Caucasian \_\_\_ Other: \_\_\_\_\_

Special Training/ skills: \_\_\_\_\_

Currently employed? \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Self Employed \_\_\_ Unemployed

Have you applied for local assistance before? \_\_\_ Yes \_\_\_ No

If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_ Under what Name? \_\_\_\_\_

Actively serving in the U.S. Military? \_\_\_ Yes \_\_\_ No If YES, Branch \_\_\_\_\_

U.S. Veteran? \_\_\_ Yes \_\_\_ No Discharge Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Discharge Status: \_\_\_ Honorable \_\_\_ Dishonorable \_\_\_ Other \_\_\_\_\_

Do you have Medicare or Medicaid? (circle one) ID Number: \_\_\_\_\_

Other Insurance: \_\_\_\_\_ EBT card # \_\_\_\_\_

**Spouse/Co-Applicant**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Social Security: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Education: \_\_\_ High school Diploma \_\_\_ Less than HS Diploma \_\_\_ GED \_\_\_ Some College  
 \_\_\_ 2 Year Associates \_\_\_ 4 Year Bachelor \_\_\_ Graduate studies

Citizenship: \_\_\_ United States \_\_\_ Other: \_\_\_\_\_

Ethnicity: \_\_\_ White/Caucasian \_\_\_ Other: \_\_\_\_\_

Special Training/ Skills: \_\_\_\_\_

Currently Employed? \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Self Employed \_\_\_ Unemployed

Have you applied for local assistance before? \_\_\_ Yes \_\_\_ No

If Yes, When? \_\_\_\_\_ Under what name? \_\_\_\_\_

Actively serving in the U.S. Military? \_\_\_ Yes \_\_\_ No If YES, Branch \_\_\_\_\_

U.S. Veteran? \_\_\_ Yes \_\_\_ No Discharge Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Discharge Status: \_\_\_ Honorable \_\_\_ Dishonorable \_\_\_ Other

Do you have Medicare or Medicaid? (circle one) ID Number: \_\_\_\_\_

Other Insurance: \_\_\_\_\_ EBT Card # \_\_\_\_\_

**Other Household Members: List of all people living in your household**

Full Name                      Relation                      Birth Date                      Social Security #                      Health Insurance

Full Name	Relation	Birth Date	Social Security #	Health Insurance

If children listed have a biological parent not residing with you, list information on each child's biological parent. (Do not list yourself under parent's Name)

Parent's Full Name                      Relationship                      Birth Date                      Social Security #


**2. Employment History:**

**Applicant**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Date you started work: \_\_\_\_\_ Date & Amount of last paycheck: \_\_\_\_\_

Pay period Frequency: \_\_\_ Daily \_\_\_ Weekly \_\_\_ Bi -Weekly \_\_\_ Monthly \_\_\_ Quarterly

If you are currently unemployed, state reason: \_\_\_\_\_

Pay period Frequency: \_\_\_ Daily \_\_\_ Weekly \_\_\_ Bi -weekly \_\_\_ Monthly \_\_\_ Quarterly

If you are currently unemployed, state reason: \_\_\_\_\_

Former Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Date last worked: \_\_\_\_\_ Date & Amount of last paycheck: \_\_\_\_\_

Are you able to work now? \_\_\_ Yes \_\_\_ No If NO, why not? \_\_\_\_\_

List two most recent jobs before current:

<b>Employer</b>	<b>Pay</b>	<b>Employment Dates</b>	<b>Reason for Leaving</b>
_____	_____	_____	_____
_____	_____	_____	_____

**Spouse/Co-Applicant**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Date you started work: \_\_\_\_\_ Date & Amount of last paycheck \_\_\_\_\_

If you are currently unemployed, state reason: \_\_\_\_\_

Form Employer: \_\_\_\_\_ Position \_\_\_\_\_

Date last worked: \_\_\_\_\_ Date & Amount of last paycheck \_\_\_\_\_

Are you able to work now? \_\_\_ Yes \_\_\_ No If No, why not? \_\_\_\_\_

List two most recent jobs before current:

<b>Employer</b>	<b>Pay</b>	<b>Employment Dates</b>	<b>Reason for Leaving</b>
_____	_____	_____	_____
_____	_____	_____	_____

**Work History for Other Household Members over 18: List two most recent jobs**

<b>Name</b>	<b>Employer</b>	<b>Pay</b>	<b>Employment Dates</b>	<b>Reason for Leaving</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**3. Housing Information**

Rent \$ \_\_\_\_\_ per (month/week) Date last paid: \_\_\_\_\_ Date Due: \_\_\_\_\_

Currently have: \_\_\_\_\_ Demand for Rent/ Notice to Quit \_\_\_\_\_ Landlord/Tenant Writ

Total Rent Owed: \_\_\_\_\_

Do you have a housing subsidy? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, how much? \_\_\_\_\_

Utilities Included: \_\_\_\_\_ Heat \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Water/Sewer \_\_\_\_\_ Other

LANDLORD: Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

**IF HOME-OWNER:**

Mortgage Payment: \_\_\_\_\_ Date Last Paid: \_\_\_\_\_ Date Due: \_\_\_\_\_

Bank/Mortgage Co. \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a foreclosure notice? \_\_\_\_\_ Yes \_\_\_\_\_ No

**4. Household Assets**

Provide account information & current balances held by all household members:

Household Member	Bank/Credit Union	Savings	Savings	Checking	Checking
Acct. #	Balance	Acct. #	Balance		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provide current value of the following assets held by all household members:

<u>Asset</u>	<u>Value</u>	<u>Household Member</u>
Cash on Hand (household combined)	_____	_____
Certificates of Deposit (CDs)	_____	_____
Retirement	_____	_____
401K	_____	_____
Life Insurance (cash value)	_____	_____
Investments	_____	_____
Time share	_____	_____
Real Estate	_____	_____

List properties and Locations (other than primary residence) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Motor vehicles owned by you and all household members:

Owner	Auto Make/Model	Year	Value	Payments	Insurance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**5. Claims/Settlements Income due to you or any household member**

IRS Refund: \_\_\_\_\_ Date Rec: \_\_\_\_\_ Insurance claim: \_\_\_\_\_ Date Rec: \_\_\_\_\_

Retroactive Disability check: \_\_\_\_\_ Date Rec: \_\_\_\_\_

Retroactive Unemployment or worker's compensation check: \_\_\_\_\_ Date Rec: \_\_\_\_\_

Inheritance: \_\_\_\_\_ Date Rec: \_\_\_\_\_

Other Lump Sum Payment (explain) : \_\_\_\_\_

Do you currently have an attorney pursuing any civil suit, workers compensation claim, a social security denial, etc.? Yes No If YES, complete the following, and briefly explain the details of the situation:

Attorney Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Details \_\_\_\_\_

**6. Household Income Benefits**

Indicate any income or benefits received or applied for by you or any household member:

Income:	Household Member	Amount	Date Last Received
ANB (Aid to the Needy Blind)	_____	_____	_____
APTD (Aid to perm/Totally Disabled)	_____	_____	_____
Child support	_____	_____	_____
Charities/Churches	_____	_____	_____
Disability (STDA/LTDA-work)	_____	_____	_____
Gifts/Loans	_____	_____	_____
Income Tax Refund	_____	_____	_____
Maternity pay/ Benefits	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____
Retirement Benefit	_____	_____	_____

Income: (continued)	Household Member	Amount	Date Last Received
Severance Pay	_____	_____	_____
Social Security (Retirement)	_____	_____	_____
SSDI (SS Disability)	_____	_____	_____
SSI (Supplemental security)	_____	_____	_____
TANF	_____	_____	_____
Unemployment (DES)	_____	_____	_____
Veteran's Pension	_____	_____	_____
Worker's Compensation	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
<b>Benefits:</b>			
Child Care Assistance	_____	_____	_____
Food Stamps	_____	_____	_____
Fuel Assistance	_____	_____	_____
Medi caid	_____	_____	_____
WIC (women/ Infants/children)	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies?

Name	Agency Name and phone#	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 7. Household Expenses

List actual or estimated regular expenses. (Not all expenses are allowable to be included in your eligibility determination, but all should be listed to show your financial situation).

<b>EXPENSE</b>	<b>MONTHLY</b>	<b>AMOUNTS</b>	<b>COMMENTS</b>
Auto Fuel			
Auto Insurance			
Auto Loan			
Auto Registration/Inspection			
Auto Repairs			
Bank Fees			
Condo Association Fee			
Child Care			
Dental Care			
Diapers/Wipes			
Driver's License			
Electric			
Food			
Legal Fees/Fines			
Loan _____			
Oil Heat			
Propane			
Natural Gas			
Health Insurance			
Home Repairs			
Home/Renter Insurance			
Laundry			
Medical Expenses			
Mortgage			
Prescriptions			
Rent (Includes: _____)			

**Expenses (Continued)**

EXPENSE	MONTHLY EXPENSE	AMOUNTS PAST DUE	COMMENTS
Rent - Option to own			
Rent - Mobile Home Lot			
Storage Unit			
Taxes (Income/Property)			
Telephone (Landline/Cell)			
Telephone (Cable/Internet)			
Transportation			
Water/Sewer Bill			
Other:			
Other:			
Other:			
Other:			
Other:			

**8. Extended Payment Arrangements**

Do you or any household members currently have an EXTENDED PAYMENT ARRANGEMENT with an electric or fuel company? \_\_\_ Yes \_\_\_ No

If YES, complete the following:

Utility Company Name	Amount				
_____	\$_____	(circle one)	weekly	biweekly	monthly
_____	\$_____	(circle one)	weekly	biweekly	monthly
_____	\$_____	(circle one)	weekly	biweekly	monthly
_____	\$_____	(circle one)	weekly	biweekly	monthly

**9. Other Assistance**

Has any other organization (s) or individual helped you pay any of your bills in the last four (4) weeks? \_\_\_ Yes \_\_\_ No If YES, complete the following:

Organization/ Individual's Name	Bill Paid	Amount	Date Assisted
_____	_____	\$_____	_____
_____	_____	\$_____	_____
_____	_____	\$_____	_____

**10. Criminal Information**

Have you or any member of your household ever been convicted of a felony or misdemeanor which has not been annulled? \_\_\_ Yes \_\_\_ No If YES, complete the following:

Name	Date	Town/State	Detail of Conviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or household member presently on parole or probation? \_\_\_ Yes \_\_\_ No

If YES, complete the following:

Name	Court	Parole/ Probation Officer Name & phone Number
_____	_____	_____
_____	_____	_____

**11. Liability for Support Information**

Parents/Stepparents, spouse or grown children may be called upon to assist in time of need. provide the following information:

APPLICANT: Name	Address	Phone #
Father _____	_____	_____
Mother _____	_____	_____
Spouse, if not living with you:	_____	_____

CO-APPLICANT: Name	Address	Phone #
Father _____	_____	_____
Mother _____	_____	_____
Spouse, if not living with you:	_____	_____

Adult children:

List name, address and phone # of any adult children not living with you:

_____
_____
_____
_____

## **12. Certifications and Signatures**

I understand that if I receive assistance from the municipality, I may be required to participate in the welfare work ("workfare") program. (RSA 165:31)

I understand that I may be required to repay any assistance provided, after deduction of the value of workfare hours I have completed, if am returned to an income status which enables me to reimburse without financial hardship. (RSA 165:20-b)

I understand that if I am assisted the municipality may place a lien against any real property which I own. (RSA 165:28)

I hereby certify that if I have a lawsuit, worker's compensation claim, or aid from any other social service agency now pending, I have listed these in this application. I further agree to notify the Welfare Official immediately upon receipt of any money from or upon the settlement of such claim. I understand that if I am assisted, the municipality may place a lien against any property settlement or civil judgment for personal injuries which I receive within six years of receiving municipal assistance. (RSA 165-28a)

I understand that if I obtain a job after I am assisted by the municipality, and I later quit the job without good cause, I may be ineligible for local assistance from the municipality and any other New Hampshire municipality for a period of up to ninety days. (RSA 165: 1 -d)

I understand that if I am a recipient of Temporary Assistance for Needy Families (TANF) cash benefit and I fail to comply with TANF regulations, leading to a sanction and loss of income, the municipality may, under certain circumstances, disregard this decrease in my income. (RSA 165: I-e)

I understand that my parents/stepparents, spouse or grown children may be called upon to assist me when in need of relief if they can do so without financial hardship to themselves. (RSA 165: 1 9)

I hereby certify that the information I have provided on this application is complete to the best of my knowledge and belief and provides a true summary of my income, assets and needs. I understand I may be required to provide documents and/or other forms of verification to prove the information requested on this application. I hereby certify that all information I will provide in response to questions asked by the welfare official is true and complete to the best of my knowledge and belief. 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 the crime of Unsworn Falsification (RSA 641 :3) and/or Theft by Deception. (RSA 637)

**13. Authorization to Release or Exchange Information \***

I/We authorize any relative, physician, attorney, banker, employer, insurance company, landlord Shelter or any of the person(s) or organization(s) having information concerning my circumstances to furnish such information to the TOWN OF HILLS BOROUGH Welfare Administrator. The Social Security Administration, the Division of Health & Human Services and the Department of Employment Security may release information in their files to this office. I/we authorize the TOWN OF HILLSBOROUGH WELFARE DEPARTMENT to release information as requested to the Division of Health & Human Services, Social Security Administration, Department of Employment Security, school personnel, attorney, physician, landlord, other town welfare offices, or any agencies providing supportive services regarding medical, housing/shelter, or financial assistance.

**Applicant**

**Co-Applicant**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Signature of person completing form  
(if not the applicant)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\* The above authorization to release or receive information is in effect for as long as the applicant is currently seeking assistance from the TOWN OF HILLSBOROUGH Welfare Administrator or up to six (6) months after assistance has ended.

**Authorization to Release Information**

\_\_\_\_\_  
Printed Name of Person to Whom the Release of Information Pertains

\_\_\_\_\_  
Case #, RID #, or MID if known

I hereby authorize and request: NH DHHS, all programs and divisions.  
To provide the following information: **Case Detail Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: Town of Hillsborough  
PO Box 7  
Hillsborough, NH 03244

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to state and Federal laws, By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

**This authorization shall expire 12 months from the date this form is signed.**

Information released cannot be re-released by the receiving individual/ agency without additional authorization,

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

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

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness

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

*Town of Hillsborough  
PO Box 7  
Hillsborough, NH 03244  
(603) 464-7974 Email: welfare@hillsboroughnh.net*

**PROPERTY OWNER VERIFICATION FORM**

***This form must be completed by the property owner or agent in its entirety, or it will not be accepted as valid.***

Name (s) on Lease: \_\_\_\_\_

All other household Members: \_\_\_\_\_

Address of Rental: \_\_\_\_\_

Rental Amount: \_\_\_\_\_ Per: \_\_\_ Month \_\_\_ Week \_\_\_ Bi-weekly \_\_\_\_\_

Date Due: \_\_\_\_\_ Security Amount: \_\_\_\_\_

Paid by: \_\_\_ Check \_\_\_ Cash \_\_\_ Money Order \_\_\_ Security Deposit Loan Program

Does tenant pay full amount of rent? \_\_\_ Yes \_\_\_ No (circle one)

If NO, please specify: \_\_\_\_\_

Rental subsidy from \_\_\_\_\_ for \$ \_\_\_\_\_ Tenant's share: \$ \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_ Date Rent Last paid: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_

Current Rent Due: \$ \_\_\_\_\_ Indicate any utilities included in rental amount:

Past Rent Due: \$ \_\_\_\_\_ Heat \_\_\_ Gas \_\_\_ Electric \_\_\_ Hot Water Only \_\_\_ Water

Damage/ Late/ \_\_\_\_\_ Unit Type:

Legal Fees: \$ \_\_\_\_\_ \_\_\_ Room \_\_\_ Apt. \_\_\_ Home \_\_\_ Other # of bedrooms \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_ Is tenant currently under eviction? \_\_\_ Yes \_\_\_ No

Number of Notices to Quit/Demands for Rent issued in the last 12 months: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

OR if this property is managed by an authorized Business or Agency, please complete the following:

Business/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

**Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.**

**\*YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION\***

**Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.**

**\*THIS FORM AND THE W9 MAY BE EMAILED TO OUR OFFICE\***

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Property Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_