

RE: _____
Applicant's Name Name of Banking Institution

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

OR copy of the attached executed release form which authorizes the information requested

Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

	Checking Account #	Current Balance	Current % Rate	
1		\$	%	
2		\$	%	
	Savings Account #	Current Balance	Current % Rate	
1		\$	%	
2		\$	%	
	Money Market Account #	Current Balance	Current % Rate	
1		\$	%	
2		\$	%	
	Cert of Deposit Account #	Current Balance	Current % Rate	Withdrawal Penalty
1		\$	%	
2		\$	%	
	Retirement Savings (IRS, Keogh, 401(k))	Current Balance	Current % Rate	Withdrawal Penalty
1		\$	%	
2		\$	%	

Authorized Signature _____ Printed Name of Bank Official _____ Date _____
Title _____ Address _____
Phone # _____ Fax # _____ E-mail _____

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false, or fraudulent statements to any department of the United States Government.