

To: _____ From: _____

Phone: _____ Fax: _____

Email: _____

RE: _____
Applicant's Name

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

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

Federal regulations require verification of income from 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.

THIS SECTION TO BE COMPLETED BY PUBLIC ASSISTANCE PROVIDER

1. Number of family members: _____
2. Aid to Families with Dependent Children: \$ _____ Monthly
3. Additional General Assistance/Other Benefits \$ _____ Monthly
4. Does this amount include court awarded support payments? ____ Yes ____ No
5. Is there additional assistance/income? ____ source: _____ \$ _____ Monthly
6. Gross Monthly Income: \$ _____
7. Amount of public assistance received during past 12 months: \$ _____

_____ Authorized Signature	_____ Printed Name	_____ Date
_____ Title	_____ Address	
_____ Phone #	_____ Fax #	_____ Email

Note: Section 101 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.