

# RELEASE OF INFORMATION - FINANCIAL INSTITUTION

You and any member of your household for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) is used to determine your eligibility, and failure to cooperate may result in denial or discontinuance of aid. Authority: 45 Code of Federal Regulations Section 205.52, and Welfare and Institutions Code Section 11286(a).

Enter name and address of institution

COUNTY USE ONLY	
WORKER NAME	
CASE NAME	
CASE NUMBER	DATE

I authorize you to release to \_\_\_\_\_ County information on the account(s) below and other information required for the purpose of determining my eligibility for public assistance. I understand I have the right to stop this authorization at any time, but that failure to cooperate may affect my eligibility. This authorization is valid for 60 days from date signed.

SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT	DATE	SIGNATURE (OR MARK) OF SPOUSE	DATE
SIGNATURE (OR MARK) OF JOINT PERSON	DATE	SIGNATURE OF WITNESS TO MARK(S)	DATE

**APPLICANT OR RECIPIENT:** Complete the information below for each account. Accounts include checking, savings, credit union accounts, trust funds, stocks, bonds, certificates, other (specify).  
**FINANCIAL INSTITUTION:** Complete items 1B, 2B and 3, and provide remarks as needed.

APPLICANT/RECIPIENT: COMPLETE THIS SECTION		INFORMATION ITEMS	AMOUNT	DATE
<b>1A</b> TYPE OF ACCOUNT	ACCOUNT NUMBER	<b>1B</b> Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	
<b>2A</b> TYPE OF ACCOUNT	ACCOUNT NUMBER	<b>2B</b> Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	

<b>3 FINANCIAL INSTITUTION REMARKS:</b>	<b>FINANCIAL INSTITUTION COMPLETE:</b>	
	Does this person have a safety deposit box?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are any funds pledged against a loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Were any accounts held under a different name and/or number within the past 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE OF PERSON PROVIDING INFORMATION (FINANCIAL INSTITUTION)	DATE	TELEPHONE NUMBER
		( )