

**FINANCIAL INFORMATION  
RELEASE AND VERIFICATION**

**NOTE:** APPLICANT(S) COMPLETES SECTION I ONLY AND RETURNS WITH APPLICATION TO LICENSING AGENCY. A SEPARATE LIC 404 IS REQUIRED FOR EACH BANK/FINANCIAL INSTITUTION WITH WHICH THE APPLICANT DOES BUSINESS.

**I. TO BE COMPLETED BY APPLICANT(S)**

I/WE \_\_\_\_\_  
NAME(S) (PLEASE PRINT)

HEREBY AUTHORIZE \_\_\_\_\_  
(NAME OF BANK OR FINANCIAL INSTITUTION)

\_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP CODE)

TO GIVE INFORMATION ON THE FOLLOWING ACCOUNT(S) TO LICENSING AGENCY IN SECTION II BELOW FOR UP TO ONE YEAR FROM THE DATE OF MY SIGNATURE.

CHECKING ACCOUNT(S) NO. \_\_\_\_\_ IN THE NAME(S) OF \_\_\_\_\_

SAVINGS ACCOUNT(S) NO. \_\_\_\_\_ IN THE NAME(S) OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S) OF APPLICANT(S) DATE

\_\_\_\_\_  
ADDRESS CITY/STATE/ZIP CODE FACILITY NAME

**II. TO BE COMPLETED BY LICENSING AGENCY**

(a) TO: (NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION)  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	(b) FROM: DEPARTMENT OF SOCIAL SERVICES (NAME AND ADDRESS OF LICENSING AGENCY)  <div style="border: 1px solid black; height: 100px; width: 100%;"></div> RE: FACILITY FILE NO.: _____ FACILITY NAME: _____
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**III. TO BE COMPLETED BY BANK OR FINANCIAL INSTITUTION**

THE APPLICANT(S) ABOVE HAS MADE APPLICATION WITH THIS DEPARTMENT FOR LICENSE TO OPERATE A COMMUNITY CARE FACILITY, CHILD CARE FACILITY, OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY. THEY HAVE INFORMED US THAT YOU MAY RELEASE THE FOLLOWING INFORMATION TO THIS AGENCY: (ACTUAL DOLLAR AMOUNT - **NO CODES**)

ACCOUNT INFORMATION AND STATUS:  PERSONAL  BUSINESS

DOES APPLICANT HAVE ANY OUTSTANDING LOANS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete below)			CURRENT STATUS OF ACCOUNTS		
			CHECKING <input type="checkbox"/> Yes <input type="checkbox"/> No	SAVINGS <input type="checkbox"/> Yes <input type="checkbox"/> No	LINE OF CREDIT <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TYPE OF LOAN	MONTHLY PAYMENT	PRESENT BALANCE	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)
SECURED—LOAN NUMBER	\$ DATE LOAN OPENED	\$ DATE OF FIRST LOAN PAYMENT	DATE ACCOUNT OPENED  PRESENT BALANCE \$	DATE ACCOUNT OPENED  PRESENT BALANCE \$	DATE ACCOUNT OPENED  CREDIT LIMIT \$
UNSECURED—LOAN NUMBER	\$ DATE LOAN OPENED	\$ DATE OF FIRST LOAN PAYMENT	AVERAGE MONTHLY BALANCE \$ Is account other than individual e.g., joint or trust? (If Yes, explain in Remarks Section below) <input type="checkbox"/> Yes <input type="checkbox"/> No	AVERAGE MONTHLY BALANCE \$ Is account other than individual e.g., joint or trust? (If Yes, explain in Remarks Section below) <input type="checkbox"/> Yes <input type="checkbox"/> No	AVAILABLE BALANCE AS OF (DATE) \$ MINIMUM PAYMENT \$ Any restrictions on this line of credit if so, explain below
APPLICANT'S PAYMENT HISTORY <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE (Explain in Remarks Section below)			IS ACCOUNT SATISFACTORY <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain in the Remarks Section below).	IS ACCOUNT SATISFACTORY <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain in the Remarks Section below).	

REMARKS:

\_\_\_\_\_  
SIGNATURE OF OFFICIAL OF BANK OR FINANCIAL INSTITUTION TITLE TELEPHONE NUMBER DATE