

<p>To: Name: _____ Address: _____ _____ Phone: _____ Fax: _____</p>	<p>From: Name: _____ Address: _____ _____ Phone: _____ Fax: _____</p>
<p>RE: Name: _____ SSN: _____</p>	

The client listed above has indicated that he or she is receiving income from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

I hereby authorize the release of the requested information. Information obtained under this document is for the purpose of determining eligibility for occupancy.

Signed _____ Date _____

Date of Initial Assistance _____

	RATE PER MONTH
Temporary Assistance to Needy Families (TANF)	\$ _____
General Assistance	\$ _____
Other Assistance – Type _____	\$ _____
Date Assistance Terminated _____	

 Signature of Social Service Worker Date

 Title Phone