

TO: Name: _____	FROM: Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
RE: Name: _____	Address: _____

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.

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

 Signature of Social Service Worker

 Title

 Date

 Phone