

To:

Name: _____
 Address: _____

Phone: _____ Fax: _____

From:

Name: _____
 Address: _____

Phone: _____ Fax: _____

RE:

Name: _____
 SSN: _____

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 _____

Trust Account ID # _____ Date Established _____

Is the applicant the grantor or the beneficiary? Grantor Beneficiary

What type of trust is this? Revocable Irrevocable

Current Principal Value of the Trust _____

The amount disbursed in the last 12 months _____

How often is this amount being paid? _____

Signature of Authorized Representative _____ Date _____

Title _____ Phone _____

Fax _____