

SEMINOLE COUNTY COMMUNITY ASSISTANCE AUTHORIZATION FOR THE RELEASE OF INFORMATION

Please print information, do not use white-out.

______, the undersigned, hereby authorize

	to release by third	party, without liability, information
(Leave this line blank, agency to complete in regards to employment, income, residency me and/or assets to the Seminole County Compart of determining eligibility for assistant necessary for determining eligibility can be re-	y, dependency, or claims of loss or other community Assistance Office, for the pur nce under this application for assistance	poses of verifying information provided ce. I understand that only information
TYPES OF INFORMATION TO BE VERIFIED I/We understand that previous or current informare, but not limited to: employment history, and tips; cash held in checking/savings acconterest, dividends; payments from Social Section death benefits, unemployment, disability or with business, and alimony or child support payments.	rmation regarding me/us may be require hours worked, salary and payment frequints, stocks, bonds, certificates of decurity/SSI, annuities, insurance policies, vorker's compensation, welfare assistant	uency, commissions, raises, bonuses, posit, Individual Retirement Accounts, retirement funds, pensions, disability or
Organizations/individuals who may be ask	ed to provide written/oral verification	s are, but not limited to:
Past and Present Employers Past and Present Landlords (including Public Housing Agencies-TBRA/Section 8) Support and Alimony Providers Hospitals/Doctors/Pharmacies/Clinics Funeral Homes and Crematories	Welfare Agencies/Other Social Service Agencies and Non Profit Agencies State Unemployment Agencies Social Security Administration Utility Companies	Veterans Administration Retirement Systems Banks and other Financial Institutions Religious Organizations
CONDITIONS: I/We agree that a photocopy of this authoriza right to review this file and correct any information.		d above. I/We understand I/we have a
Applicant Sign Your Name	Print Your Name	Date
Co-Applicant Sign Your Name	Print Your Name	Date
Other Adult Member Sign Your Name	Print Your Name	Date
Other Adult Member Sign Your Name	Print Your Name	Date

Note: This general consent may not be used to request a copy of a tax return or medical records.