

**TO:**  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FROM:**  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RE:**  
Name: \_\_\_\_\_

SSN: \_\_\_\_\_

The client listed above has indicated he or she is receiving benefits 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