

**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: \_\_\_\_\_

Trust Account ID # \_\_\_\_\_

Date Established \_\_\_\_\_

Is the applicant the grantor or 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

Date

Title

Phone

Fax

