



Information Release Authorization

I certify that I will give the Economic Services Division (ESD) of the Vermont Department for Children and Families all information needed to determine or review my eligibility for assistance and that the information I give will be true and correct to the best of my knowledge and belief.

I hereby authorize release of information to the department for use in determining or reviewing my eligibility for benefits. This will allow the department to obtain information about my income, resources, household composition and other eligibility factors. I understand that the department may ask for information about my resources, some examples are:

- | | | |
|-------------------|-------------------------------|------------------------|
| savings accounts | trusts and annuities | contracts for care |
| checking accounts | promissory or mortgage notes | NOW accounts |
| life insurance | certificates of deposit (CDs) | IRA or Keough accounts |
| stocks and bonds | money market accounts | deeds |

I authorize any bank or other financial institution to give this information to the department without any further permission or directions from me. I also understand I may revoke this authorization at any time, except for action already taken. To revoke this authorization, I must notify the department in writing and give a copy to each bank or financial institution.

I agree that a photocopy of this statement may be used in the same manner as the original.

Applicant's signature _____ Date _____

Applicant _____ Social security number _____
Please print

If not signed by applicant, signature of person authorized to handle the applicant's finances and relationship to applicant.

_____ Relationship _____