

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 _____