

REQUEST FOR CONFIDENTIAL FINANCIAL INFORMATION
Pursuant to 22 M.R.S.A. § 4314(2)

*This section to be signed by the **General Assistance Applicant***

Applicant's Name	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Applicant's Mailing Address	
Municipality	Address
Financial Institution	Address
<p>I hereby request and authorize the release (to the above-named municipality) of any and all information pertaining to the accounts held to my credit including: savings and checking accounts, stocks, bonds, certificates of deposits, trusts, retirement accounts, and loan/mortgage payment records.</p>	
Signature of General Assistance Applicant: _____ Date: _____	

*This section to be completed by the **General Assistance Administrator***

Name	Municipality	Telephone
Mailing Address		

*This section to be completed by the **Financial Institution***

Financial Institution	Address	Name of Account Holder	
Type of Account	Account No.	Balance	
Type of Account	Account No.	Balance	
Type of Account	Account No.	Balance	
Date of most recent withdrawal	Amount of most recent withdrawal	Date of most recent deposit	Amount of most recent deposit
Has account been closed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Closing date	Safety deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other assets (stock, bonds, CDs, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list other assets and their worth (stock, bonds, CDs, etc.) held by the above applicant.			
Signature of person representing the financial institution: _____			
Typed or printed: _____ Date: _____			

IMPORTANT: In accordance with the above authorization, please return this form to the General Assistance Administrator listed above. Your prompt reply will help expedite my request in this matter. Thank you.