Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEMENT BY APPLICANT: I understand that the General Assistance Administrator has the right to verify any information necessary to determining my eligibility and hereby give my consent. I understand if I refuse to give my consent, it may result in not being eligible to receive assistance. Therefore, I hereby give my express permission for the General Assistance Administrator to contact the following specific sources or persons to verify any/all informational material to the determination of General Assistance eligibility for my household:

* Any or all persons, organizations, or businesses referenced in this application;
* The applicant/household’s past, present and/or future landlord;
* The applicant/household’s bank(s) or financial institutions;
* The applicant/household’s present, past or potential employer(s).
* The Department of Health and Human Services or any Department of the State of Maine, the Federal Government, or the City of Biddeford including but not limited to: Probation Officers, Motor Vehicle Department, Social Security Administration, Homeland Security, Immigration & Naturalization, Maine Department of Labor, Unemployment, Vocational Rehabilitation, etc.;
* Area social service agencies, including but not limited to: York County Community Action, The Salvation Army, Catholic Charities, The Maine Way Inc., Representative Payee Services, etc.
* Relatives;
* Persons/Vendors to whom the applicant/household owes or regularly pays money, including but not limited to: any utility company, the area fuel dealer(s), automobile dealerships, etc.;
* Any physician who has information related to the ability of the applicant to work or receive other benefits;
* Counseling Services, Inc., Partial Hospital Services of SMHC, or other mental healthcare facility and/or professional;
* Biddeford Police Department;
* Biddeford Housing Authority, or other subsidized housing programs;
* Attorneys.
* The following specific sources of information (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that for the purpose of life and safety reason, and the City of Biddeford Code Enforcement Officer will complete inspection on my unit, if one has not been completed in the past year. I also understand that if I commit General Assistance fraud, information pertaining to the fraud may be released to the Biddeford Police Department or DHHS fraud investigators. This release is valid for one (1) year from the date signed.

Applicants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_