

_____ **NORTH CAROLINA**
COUNTY DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR FINANCIAL INFORMATION

DATE _____

TO:

NAME: _____

(Last, First Middle)

District # _____
County Case # _____
Program(s): _____

Address: _____

SSN: _____

SSN: _____

SSN: _____

We are in the process of determining the eligibility of the above named individual for Public Assistance. This inquiry is being conducted pursuant to North Carolina General Statutes 108A and 53B.

To assist us in evaluating this case, please furnish the information requested on page 3 of this form. We acknowledge that financial institutions cannot furnish information on jointly owned accounts until each owner has consented to the release.

Your cooperation in this matter is appreciated.

Sincerely,

(Signature of Worker)

CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS

(Chap., 53B, N.C. Gen. Stat.)

I, _____ hereby authorize _____ to disclose the applicable records as described herein concerning me to the _____ County (N.C.) Department of Social Services for the purpose of determining and/or redetermining eligibility for public assistance benefits. During the period of this consent, _____ is authorized to provide to the Department the information requested on the reverse side of this consent, similar information concerning any other accounts that I have or may open hereafter with _____ and updates of that information about those accounts which the Department may request from time to time.

**STATEMENT OF CUSTOMER RIGHTS UNDER THE
NORTH CAROLINA FINANCIAL PRIVACY ACT**

None of my financial records may be disclosed by _____ except in accordance with the terms of this consent or a duly issued judicial order or subpoena; and I understand that if the financial institution discloses any of the financial records or the government authority obtains any information about my financial records in violation of the North Carolina Financial Privacy Act (Chapter 53B, North Carolina General Statutes), I may sue for damages as provided in the Act. I further understand that:

- a. I have the right not to give this consent;
- b. Once given, this consent may not be revoked;
- c. This consent will be valid for a period not to exceed twelve (12) months from the date set out below; and
- d. Giving this consent cannot be made a condition of doing business with any financial institution.

I certify that I have read this consent or that it has been read to me, that I understand its terms, and that I voluntarily signed it on the date appearing beneath my signature.

WITNESS:

Signature of Customer

Date Signed

Please Complete the Following Information

A. Yes No Checking Account ... # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____

Jointly Owned? Yes No /Interest Earned During Past Quarter \$ _____

B. Yes No Savings Account ... # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____

Jointly Owned? Yes No /Interest Earned During Past Quarter \$ _____

C. Yes No Money Market Account ... # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____

Jointly Owned? Yes No /Interest Earned During Past Quarter \$ _____

D. Yes No Certificate of Deposit ... # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____
 # _____ Balance as of _____ \$ _____

Jointly Owned? Yes No /Interest Earned During Past Quarter \$ _____

E. Yes No Safety Deposit Box

If there are additional accounts such as IRA, Trust Account, Keogh (401(k)), etc., please attach a list giving type, account number, current balance, and interest earned during the past quarter. If there is an automobile and/or real estate loan, please attach a list giving type, account number, current balance, monthly payment, and number of remaining payments.

Address given on your records: _____

If your records indicate that the above named client has used another name, please list the name(s) used.

Financial Institution Stamp:

Signature of Institution Official

Title