



Release of Social & Financial Information

Attention: _____

Date: _____

We are requesting financial information concerning the applicant (named below) who is requesting assistance from the Department.

Name: _____

Social Security #: _____

Street Address: _____

Date of Birth: _____

City, State & Zip Code: _____

Below is a release for social and financial information signed by the client.

AUTHORIZATION TO RELEASE SOCIAL & FINANCIAL INFORMATION:

I hereby grant permission and authorize any bank, building association, insurance company, real estate company, employer, United States Postal Savings, Social Security Administration, Veteran's Administration, Internal Revenue Service, or any financial or social institution of any kind or character to disclose to any accredited agent of the Pinellas County Department of Health and Community Services, full information as to my past, present, or future records; insurance policies; property; or financial accounts.

Print Name _____

Signature _____

Date _____

Information Requested:

- ☐ Checking balance as of _____ \$ _____ ☐ Other: _____
☐ Savings balance as of _____ \$ _____
☐ Gross monthly earnings \$ _____
☐ IRS Information from Internal Revenue Service: Literal transcript for the year(s) _____
☐ **Current credit report** _____

We will maintain all records presently provided by law to be confidential in a manner complying with such law, and will use the information solely for consideration in providing assistance to the applicant.

Please send the requested information to the attention of _____ at the address checked below.

- ☐ 2189 Cleveland Street, Suite 266, Clearwater FL 33765
☐ 647 1st Avenue North, St. Petersburg, FL 33701

Phone: (727) 464-8400
Phone: (727) 582-7781

Fax: (727) 464-8428
Fax: (727) 582-7912