

**FINANCIAL INFORMATION
RELEASE AND VERIFICATION**

NOTE: APPLICANT(S) COMPLETES SECTION I ONLY AND RETURNS WITH APPLICATION TO LICENSING AGENCY. A SEPARATE LIC 404 IS REQUIRED FOR EACH BANK/FINANCIAL INSTITUTION WITH WHICH THE APPLICANT DOES BUSINESS.

I. TO BE COMPLETED BY APPLICANT(S)

I/WE _____
NAME(S) (PLEASE PRINT)

HEREBY AUTHORIZE _____
(NAME OF BANK OR FINANCIAL INSTITUTION)

(ADDRESS) (CITY) (STATE) (ZIP CODE)

TO GIVE INFORMATION ON THE FOLLOWING ACCOUNT(S) TO LICENSING AGENCY IN SECTION II BELOW FOR UP TO ONE YEAR FROM THE DATE OF MY SIGNATURE.

CHECKING ACCOUNT(S) NO. _____ IN THE NAME(S) OF _____

SAVINGS ACCOUNT(S) NO. _____ IN THE NAME(S) OF _____

SIGNATURE(S) OF APPLICANT(S) DATE

ADDRESS CITY/STATE/ZIP CODE FACILITY NAME

II. TO BE COMPLETED BY LICENSING AGENCY

(a) TO: (NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	(b) FROM: DEPARTMENT OF SOCIAL SERVICES (NAME AND ADDRESS OF LICENSING AGENCY) <div style="border: 1px solid black; height: 100px; width: 100%;"></div> RE: FACILITY FILE NO.: FACILITY NAME:
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III. TO BE COMPLETED BY BANK OR FINANCIAL INSTITUTION

THE APPLICANT(S) ABOVE HAS MADE APPLICATION WITH THIS DEPARTMENT FOR LICENSE TO OPERATE A COMMUNITY CARE FACILITY, CHILD CARE FACILITY, OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY. THEY HAVE INFORMED US THAT YOU MAY RELEASE THE FOLLOWING INFORMATION TO THIS AGENCY: (ACTUAL DOLLAR AMOUNT - NO CODES)

ACCOUNT INFORMATION AND STATUS: PERSONAL BUSINESS

DOES APPLICANT HAVE ANY OUTSTANDING LOANS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete below)			CURRENT STATUS OF ACCOUNTS			
			CHECKING <input type="checkbox"/> Yes <input type="checkbox"/> No	SAVINGS <input type="checkbox"/> Yes <input type="checkbox"/> No	LINE OF CREDIT <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE OF LOAN	MONTHLY PAYMENT	PRESENT BALANCE	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	
SECURED—LOAN NUMBER	\$ DATE LOAN OPENED	\$ DATE OF FIRST LOAN PAYMENT	DATE ACCOUNT OPENED PRESENT BALANCE \$	DATE ACCOUNT OPENED PRESENT BALANCE \$	DATE ACCOUNT OPENED CREDIT LIMIT \$	
UNSECURED—LOAN NUMBER	\$ DATE LOAN OPENED	\$ DATE OF FIRST LOAN PAYMENT	AVERAGE MONTHLY BALANCE \$	AVERAGE MONTHLY BALANCE \$	AVAILABLE BALANCE \$	AS OF (DATE)
APPLICANT'S PAYMENT HISTORY <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE (Explain in Remarks Section below)			Is account other than individual e.g., joint or trust? (If Yes, explain in Remarks Section below) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is account other than individual e.g., joint or trust? (If Yes, explain in Remarks Section below) <input type="checkbox"/> Yes <input type="checkbox"/> No	MINIMUM PAYMENT \$ Any restrictions on this line of credit if so, explain below	
			IS ACCOUNT SATISFACTORY <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain in the Remarks Section below).	IS ACCOUNT SATISFACTORY <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain in the Remarks Section below).		

REMARKS:

SIGNATURE OF OFFICIAL OF BANK OR FINANCIAL INSTITUTION TITLE TELEPHONE NUMBER DATE