



Employment and Income Assistance

Date:

Financial Institution:

SUBJECT

Name:

Address:

The above named has applied for, or is in receipt of benefits from Employment & Income Assistance. To verify financial circumstances, the department would appreciate your completing the attached form and returning it to the undersigned. Please complete all areas of the form.

Attached is a copy of an ***Authorization for Information*** form.

Thank you for your assistance in this matter.

Yours truly,

Employment & Income Assistance



Employment and Income Assistance

EIA PARTICIPANT: _____

ADDRESS: _____

ATTENTION: _____

1. List all the accounts and balances held by this person:

TYPE OF ACCOUNT	LAST 3 DIGITS	AMOUNT	DATE	JOINT ACCOUNT?
_____	_____	_____ as of _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____ as of _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____ as of _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does this person have any other financial investments with your institution? Yes No

Please provide details:

INVESTMENT TYPE	AMOUNT	DATE
_____	_____ as of _____	_____
_____	_____ as of _____	_____
_____	_____ as of _____	_____

3. Does this person have a mortgage or other loan(s) outstanding? Yes No

Present Balance: _____ Maturity Date: _____

Monthly Payment: _____ Purpose of Loan: _____

Present Balance: _____ Maturity Date: _____

Monthly Payment: _____ Purpose of Loan: _____

Date: _____ Bank Representative's Signature: _____

Bank/Institution Stamp: