

CAO ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CTR. DIG.	DIST
RECORD NAME				
WORKER			DATE	



PLEASE RETURN THIS FORM TO THE ADDRESS SHOWN ABOVE

REQUEST FOR FINANCIAL INFORMATION

The information requested below is to be used in the administration of Public Assistance. 62 P.S. Sections 487, 488 and 489 as amended, require all banks and financial institutions doing business in Pennsylvania to furnish this information upon request under penalty of law.

CLIENT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY	BIRTHDATE
ADDRESS				
FORMER ADDRESS				
PREPARED BY (CAO Staff Signature)			TITLE	DATE

PLEASE FURNISH THE FOLLOWING INFORMATION FOR THE ABOVE PERSON(S)				
PLEASE CHECK ITEMS YOU CLEARED THROUGH YOUR RECORDS. <input type="checkbox"/> 401K <input type="checkbox"/> MONEY MARKET				
<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	<input type="checkbox"/> SAFE DEPOSIT BOX	<input type="checkbox"/> BANK ACCOUNT	<input type="checkbox"/> CERTIFICATE OF DEPOSIT
<input type="checkbox"/> CHRISTMAS CLUB	<input type="checkbox"/> LOAN	<input type="checkbox"/> TRUST	<input type="checkbox"/> IRA ACCOUNT	<input type="checkbox"/> OTHER INVESTMENTS
TYPE OF ACCOUNT	ACCOUNT NUMBER	IN NAME (OR NAMES) OF		
DATE OPENED	DATE CLOSED	PRESENT BALANCE	INTEREST EARNED	
MONTH	BALANCE	MONTH	BALANCE	
IF CUSTODIAN OR TRUST ACCOUNT, WHEN IS IT AVAILABLE TO CHILD? _____				

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BANK OR FINANCIAL INSTITUTION ADDRESS



SIGNATURE OF PERSON PREPARING FORM

TITLE

DATE

