

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.  401K  MONEY MARKET  
 CHECKING ACCOUNT  SAVINGS ACCOUNT  SAFE DEPOSIT BOX  BANK ACCOUNT  CERTIFICATE OF DEPOSIT  
 CHRISTMAS CLUB  LOAN  TRUST  IRA ACCOUNT  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

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\_\_\_\_\_  
SIGNATURE OF PERSON PREPARING FORM

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

