

PLACER COUNTY

Revenue Services Division

Application for Financial Evaluation

ACCT. # _____

APPLICANT (LAST)	(FIRST)	(MIDDLE)	BIRTHDATE	<input type="radio"/> M <input type="radio"/> F	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	STATE	
OTHER NAMES YOU HAVE USED IN THE LAST 10 YEARS INCLUDING MAIDEN NAME			STREET ADDRESS			CITY/STATE/ZIP		MARITAL STATUS
MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS ABOVE				CITY	STATE	ZIP	HOME PHONE	
EMPLOYMENT AND POSITION (APPLICANT)			ADDRESS		CITY/STATE/ZIP	HOW LONG?	EMPLOYMENT PHONE	
SPOUSE (LAST)	(FIRST)	(MIDDLE)	BIRTHDATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	STATE	
EMPLOYMENT AND POSITION (SPOUSE)			ADDRESS		CITY/STATE/ZIP	HOW LONG?	EMPLOYMENT PHONE	
E-MAIL ADDRESS (APPLICANT)					CELL PHONE (APPLICANT)			
NAME OF FRIEND OR RELATIVE NOT LIVING WITH YOU				ADDRESS			PHONE	
1. MINOR CHILDREN LIVING WITH YOU - NAMES AND AGES			2.		3.			
BANK NAME		BRANCH		ACCOUNT #		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN		
HOUSEHOLD EXPENSES (Monthly) SHARED WITH PERSON OTHER THAN SPOUSE? <input type="radio"/> YES <input type="radio"/> NO YOUR MONTHLY SHARE: <input type="radio"/> HOUSE PMT. <input type="radio"/> RENT \$ _____ UTILITIES \$ _____ TELEPHONE \$ _____ FOOD \$ _____ AUTO FUEL \$ _____ AUTO INSURANCE \$ _____ CHILD CARE \$ _____		INCOME SOURCE <input type="radio"/> FULL TIME <input type="radio"/> PART TIME HOURS WORKED _____ Hrs. HOURLY WAGE \$ _____ MONTHLY INCOME \$ _____ UNEMPLOYMENT/DISABILITY \$ _____ SOCIAL SECURITY/VA BENEFITS \$ _____ RETIREMENT/OTHER \$ _____ WELFARE \$ _____ CHILD SUPPORT/SPOUSAL SUPPORT \$ _____ FOOD STAMPS \$ _____		APPLICANT'S INCOME _____ Hrs. \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		SPOUSE'S INCOME _____ Hrs. \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
Warning: Perjury is a felony punishable by confinement in a State Prison (Penal Code Section 17(a), 118, 126, 127, and 672)								
I DO HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED FOR THE "APPLICATION FOR FINANCIAL EVALUATION" IS TRUE AND CORRECT. BY ENTERING YOUR E-MAIL ADDRESS ABOVE, YOU AGREE TO ACCEPT ALL NOTICES ELECTRONICALLY.								
APPLICANT'S SIGNATURE: _____				DATE: _____				

AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the County of Placer and its duly authorized representatives to request a credit report, to contact any employer, bank, savings and loan, credit union, creditor, insurance company, Attorney at Law or governmental agency regarding my/our financial condition; and I/we further authorize such institution, individual, partnership, corporation or agency so contacted to release any or all information requested regarding my/our assets, liabilities, policies, litigations, financial transactions and accounts.

AUTHORIZATION TO DISCLOSE FINANCIAL INFORMATION TO A GOVERNMENTAL AGENCY

I/we hereby authorize any financial institution, as defined in the California Right to Financial Privacy Act, to disclose to the County of Placer, Revenue Services Division and its duly authorized representatives any or all information contained in my/our financial records. Said disclosable information shall include, but is not limited to, all accounts, assets, liabilities, and financial transactions maintained by said financial institution.

APPLICANT'S SIGNATURE

SPOUSE'S SIGNATURE

DATE: _____

DATE: _____