

AUTORIZACION PARA VERIFICAR Y COMPARTIR INFORMACION FINANCIERA

NOTA: *EL SOLICITANTE(S) COMPLETARA SOLAMENTE LA SECCION I Y DEVOLVERA EL FORMUARIO CON SU SOLICITUD A LA AGENCIA DE LICENCIAMIENTO. SE REQUIERE UNO DE ESTOS FORMULARIOS (LIC 404) POR SEPARADO PARA CADA BANCO/INSTITUCION FINANCIERA CUYOS SERVICIOS EL SOLICITANTE UTILICE.*

I. ESTA SECCION SERA COMPLETADA POR EL SOLICITANTE/LOS SOLICITANTES

YO/NOSOTROS, _____
NOMBRE(S) (FAVOR DE USAR LETRA DE MOLDE)

POR MEDIO DE LA PRESENTE, AUTORIZO/AUTORIZAMOS A _____
NOMBRE DEL BANCO/INSTITUCION FINANCIERA

DIRECCION CIUDAD ESTADO CODIGO POSTAL

PARA QUE COMPARTE INFORMACION SOBRE LAS SIGUIENTES CUENTAS CON LA AGENCIA DE LICENCIAMIENTO QUE SE INDICA A CONTINUACION EN LA SECCION II HASTA POR UN AÑO A PARTIR DE LA FECHA EN QUE PUSE/PUSIMOS MI/NUESTRAS FIRMA(S).

NUMERO(S) DE LA(S) CUENTA(S) DE CHEQUES _____ A NOMBRE DE _____

NUMERO(S) DE LA(S) CUENTA(S) DE AHORROS _____ A NOMBRE DE _____

FIRMA(S) DEL SOLICITANTE/DE LOS SOLICITANTES FECHA

DIRECCION CIUDAD/ESTADO/CODIGO POSTAL NOMBRE DEL ESTABLECIMIENTO

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?			CURRENT STATUS OF ACCOUNTS		
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete below)			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 \$ 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	AVERAGE MONTHLY BALANCE \$ 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	AVAILABLE BALANCE AS OF (DATE) \$ MINIMUM PAYMENT \$ Any restrictions on this line of credit if so, explain below
APPLICANT'S PAYMENT HISTORY <input type="checkbox"/> FAVORABLE <input type="checkbox"/> UNFAVORABLE (Explain in Remarks Section 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