

BANK/FINANCIAL VERIFICATION INQUIRY COVER LETTER

Date:

Financial Institution Name and Address:

Dear Sir/ Madam:

This Office is conducting a review of public assistance benefits being received by the individual listed below in order to reassess eligibility.

Your cooperation is needed in providing the information requested.

Please report all information you have concerning the closed and active bank accounts, loans, investments and services for the individual listed. You can do this by completing the enclosed OTDA-4852A: "Bank/Financial Verification Response Form" and enclosing it in the stamped pre-addressed return envelope. **After you complete the enclosed "Bank/Financial Verification Response Form", please destroy (shred) this cover letter as it contains confidential information.**

The information contained in this letter and obtained on the attached form is confidential under state and federal regulations, including Section 136 of the Social Service Law (New York State) and 26 U.S.C. 6103 of the Internal Revenue Code. This information will not be released except as permitted or required by law or with the written consent of the participant.

DO NOT RETURN THIS COVER LETTER TO US. RETURN ONLY THE ENCLOSURE TO US. All information given will be considered confidential. THE INDIVIDUAL NOTED ABOVE HAS GIVEN FULL CONSENT WHEN APPLYING FOR BENEFITS PER THE PRIVACY ACT. This request is made pursuant to Article I, Section 4 of this N.Y.S. Banking Law, and Section 144-a of the Social Services Law. This section requires all banking organizations to furnish information to authorized representatives of the N.Y.S. Office of Temporary and Disability Assistance when the subject of the request is an applicant for or recipient of any assistance, care or services authorized by the Social Services Law.

If you have any questions, please phone contact the New York State IEVS Review Office at (518) 408-3001 or (518) 408-3099.

Thank you.

Name :
Account # :
SSN:
Address:

BANK/FINANCIAL VERIFICATION RESPONSE FORM

COMPLETE AND RETURN THIS FORM

RETURN THIS COMPLETED FORM TO:

New York State
 Office of Temporary and Disability Assistance
 IEVS Review –10A
 40 N. Pearl Street
 Albany, NY 12243

Name:
 Account #:
 SSN:
 Address:

Ref:

TO BE COMPLETED BY FINANCIAL INSTITUTION

ACCOUNT NUMBER 1		ACCOUNT NUMBER 2	
TYPE OF ACCOUNT (Checking, Savings, Keogh, Money Market etc.):		TYPE OF ACCOUNT (Checking, Savings, Keogh, Money Market etc.):	
ADDRESS:		ADDRESS:	
DATE ACCOUNT OPENED:	DATE ACCOUNT CLOSED:	DATE ACCOUNT OPENED:	DATE ACCOUNT CLOSED:
CURRENT ACCOUNT BALANCE:		CURRENT ACCOUNT BALANCE:	
OTHER ACCOUNTS/ FUNDS/SECURITIES/PROPERTY ON DEPOSIT/SAFETY DEPOSIT BOXES (Please List With Current Balance, If Any):		OTHER ACCOUNTS/ FUNDS/SECURITIES/PROPERTY ON DEPOSIT/SAFETY DEPOSIT BOXES (Please List With Current Balance, If Any):	
ADDITIONAL COMMENTS:		ADDITIONAL COMMENTS:	
SIGNATURE OF BANK/FINANCIAL REPRESENTATIVE: X		TITLE OF BANK/FINANCIAL REPRESENTATIVE:	
DATE:	TELEPHONE NUMBER:	BANK NAME AND ADDRESS:	

THANK YOU FOR YOUR COOPERATION