

INCOME/ASSETS 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 income, assets and services of the individual listed. You can do this by completing the enclosed OTDA-4852B: "Income/Assets Verification Response Form" and enclosing it in the stamped, pre-addressed return envelope. **After you complete the enclosed "Income/Assets 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 Sections 21, 132, 134-a and 366-a of the Social Services Law and Section 1137 of the Federal Social Security Act.

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:

IMPORTANT FEDERAL TAX INFORMATION CONTAINED ON THIS PAGE

INCOME/ASSETS 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:
 SSN:
 Address:

Ref:

TO BE COMPLETED BY FINANCIAL INSTITUTION/INCOME OR ASSET SOURCE

PLEASE PROVIDE INFORMATION ON THE FOLLOWING *INCOME* or *ASSETS*
 (FOR INCOME, LIST DATE OF LAST RECEIPT AND AMOUNT / FOR ASSETS, LIST THE ASSET AND CURRENT VALUE IF KNOWN)

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<i>ACCOUNT NUMBER 1 (If appropriate)</i>	<i>ACCOUNT NUMBER 2 (If appropriate)</i>
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TYPE OF ACCOUNT (Checking, Savings, Keogh, Money Market etc.):	TYPE OF ACCOUNT (Checking, Savings, Keogh, Money Market etc.):
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ADDRESS:	ADDRESS:
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DATE ACCOUNT OPENED:	DATE ACCOUNT CLOSED:	DATE ACCOUNT OPENED:	DATE ACCOUNT CLOSED:
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CURRENT ACCOUNT BALANCE:	CURRENT ACCOUNT BALANCE:
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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):
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ADDITIONAL COMMENTS:	ADDITIONAL COMMENTS:
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SIGNATURE OF PERSON COMPLETING THIS FORM: X	TITLE OF PERSON COMPLETING THIS FORM:
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DATE:	TELEPHONE NUMBER:	INSTITUTION NAME AND ADDRESS:
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THANK YOU FOR YOUR COOPERATION