



County of Imperial
Coronavirus Relief Fund Assistance Program

County Administration Building
County Executive Office
940 Main St., Suite 208
El Centro, CA. 92243

Authorization to Release Financial Information

I/We, _____, hereby
Name of Person(s) Giving Authorization

authorize the County of Imperial to obtain all needed information related to my Coronavirus Relief Fund Assistance Program application.

If required, I/we authorize mailing or faxing a copy of this release to other agencies to confirm my eligibility to the Coronavirus Relief Fund Assistance Program. In addition, I understand that this form may be reproduced as needed, and a copy may serve as an original. This release shall only be valid for six months from the date of signature.

Participant

Co-participant

Date: _____

Date: _____

Name: _____

Name: _____

Address: _____

Address: _____

Mailing Address: _____

Mailing Address: _____

Phone #: _____

Phone #: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Signature _____

Signature _____