Dear Sir/Madam:

The above named person is unable to furnish us with current insurance information. In order to determine eligibility for assistance, it is important that we know the amount of insurance in the household. Please complete the information requested below. If your records show any other policies not listed, but carried by these persons, please include them.

We are enclosing a self-addressed envelope for your reply. Your prompt attention in this matter is appreciated.

**AUTHORIZED FOR RELEASE OF INFORMATION**

<table>
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<th>NAME</th>
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Please note: In order to comply with Federal regulations, our Agency is required to make a local decision on this application within TWENTY-EIGHT (28) days. We are unable to make this decision without your help and cooperation.

Sincerely,

Enclosures