



Mercer County Board of Social Services

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DIRECTOR OF WELFARE
JEFFREY M. MASCOLL

COUNTY EXECUTIVE
BRIAN M. HUGHES

MA-81(Rev. 10/1/15)

Authorization For Release Of Information

I authorize the Mercer County Board of Social Services to make a thorough investigation of all of the information I have provided and to obtain all necessary collateral verification, pursuant to my application for TANF, General Assistance, Food Stamp, and/or Medicaid benefits. This investigation may involve contact with business associates, employees, suppliers, landlords, banks, utility companies, credit companies, federal, state and local tax authorities, township licensing, state licensing, and credit reporting agencies. LexisNexis/Accurint, public records, the New Jersey Department of Motor Vehicles, and any other entity appropriate to the nature of the business.

My signature below authorizes the Mercer County Board of Social Services to obtain complete information pertaining to my self-employment and any other relevant eligibility information, for the purpose of determining eligibility for any of the aforementioned assistance programs.

I am aware that any false or misleading statements made by me, or any false records or misrepresentation of my income, assets or other eligibility information, may result in my being charged criminally for the receipt of any benefits for which I would not have been eligible. I am aware that I am responsible for repaying any overpayment of benefits if I am found to have not been eligible. I am aware that all investigations resulting in allegations of alleged fraud are referred to the Office of the Mercer County Prosecutor. I am aware that additional disqualification penalties particular to the aforementioned programs may be imposed if I am found to have provided false or misleading statements, information or verification.

I release the Mercer County Board of Social Services, it's employees, and the providers of any of the foregoing information, from any and all liability for damages arising from furnishing any information requested by the Mercer County Board of Social Services.

Applicant's signature

Applicant's social security number

Co-applicant's signature

Co-applicant's social security number

Date signed

Witness