

**AUTHORIZATION TO THE SOCIAL SECURITY ADMINISTRATION  
TO RELEASE PERSONAL INFORMATION**

APPLICANTS NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I AM THE OWNER OF PROPERTY FOR WHICH THE ASSESSMENT EXEMPTION IS SOUGHT. I OCCUPY AND MAINTAIN THIS HOME AS MY PERSONAL RESIDENCE.

I ALSO AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO DISCLOSE TO THE PROPERTY VALUATION ADMINISTRATOR ANY INFORMATION ABOUT MY ENTITLEMENT TO DISABILITY BENEFITS, THE EFFECTIVE DATE AND CONTINUING ENTITLEMENT. I UNDERSTAND ANY INFORMATION RELEASED WILL BE KEPT CONFIDENTIAL. IT WILL BE USED ONLY FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY EXEMPTION.

SIGNATURE OF APPLICANT OR PERSON FILING ON HIS/HER BEHALF:

X \_\_\_\_\_

DATE \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY PERSONNEL ONLY**

ACCORDING TO SOCIAL SECURITY ADMINISTRATION RECORDS, YOU BEGAN RECEIVING DISABILITY BENEFITS EFFECTIVE \_\_\_\_\_

OUR RECORDS INDICATE YOUR DISABILITY :

(CHECK ONE)

( ) TERMINATED ON \_\_\_\_\_

( ) IS CONTINUING

SIGNATURE OF SOCIAL SECURITY ADMINISTRATION EMPLOYEE

TITLE

X \_\_\_\_\_

DATE \_\_\_\_\_

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