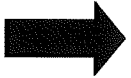


**AUTHORIZATION TO THE SOCIAL SECURITY ADMINISTRATION
TO RELEASE PERSONAL INFORMATION**

Applicant's Name: _____
Social Security Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

I 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



Date:

(To be completed by social security personnel only)

According to social security administration records, you began receiving disability

Benefits Effective _____

Our records indicate you disability.

(Check one) Terminated on _____

Is continuing

Signature of Social Security Administration Employee

Title



Date:

Please return to:

Tracey R. Florer
BRACKEN COUNTY PVA
P.O. Box 310
Brooksville, KY 41004
(606) 735-2228

**IT WILL BE THE
RESPONSIBILITY OF
THE TAXPAYER TO
RETURN THIS FORM
TO THE PVA OFFICE.**