



Please return to:
CAP AGENCY ENERGY ASSISTANCE
2496 145th St. West
Rosemount, MN 55068
 PHONE 651-322-3550 FAX 651-322-3557

For office use only
 HH# _____
 STAFF: ONLINE
 PRIMARY: _____

REQUEST FOR CHILD/SPOUSAL SUPPORT VERIFICATION

To Whom It May Concern:

We are required to verify the income of all applicants who apply for our Energy Assistance Program. The Applicant listed below has indicated that he/she is/was receiving income from your agency in the past 12 months. Please supply the information requested below as promptly as possible. All information is protected under the Minnesota Data Privacy Act in determining eligibility. Thank you.

APPLICANT MUST COMPLETE THIS SECTION

Name: _____ Birthdate: _____

Home Address: _____

City: _____ Social Security # : _____

Phone # : _____

County(s) Support received from: (please circle)

Dakota Ramsey Washington Hennepin Scott Carver Other _____

Worker: _____ Worker Phone #: _____

My signature authorizes verification of my information. You are hereby authorized to furnish all information requested on the inquiry. You may access any of my public assistance benefits through a computer system with this signature.

Signature: _____ Date: _____

COUNTY WORKER MUST COMPLETE THIS SECTION

Total monthly gross income from this agency for the months of:

<u>MONTH</u>	<u>CHILD/SPOUSAL SUPPORT</u> (circle one)
_____	_____
_____	_____
_____	_____

Completed by: (print) _____ Phone Number: _____

Signature: _____ Date: _____