



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

For office use only  
 HH# \_\_\_\_\_  
 STAFF: ONLINE  
 PRIMARY: \_\_\_\_\_

## REQUEST FOR EMPLOYMENT 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.

### EMPLOYEE MUST COMPLETE THIS SECTION

Employee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work FAX #: \_\_\_\_\_

*My signature authorizes verification of my employment information and wages. You are hereby authorized to furnish all information requested on the inquiry.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYER MUST COMPLETE THIS SECTION

Employee's Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Total monthly gross (before any taxes or deductions) income from this company for the months of:

<u>MONTH(S)</u>	<u>GROSS INCOME</u>	<u>LAST DAY OF WORK:</u> _____
_____	_____	
_____	_____	
_____	_____	

Completed by: (print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_