



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 INTEREST/DIVIDEND INCOME 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: _____ Social Security #: _____
 Home Address: _____ Phone # : _____
 City: _____ State: _____ ZIP: _____
 Financial Institution: _____
 Address: _____
 City, State, ZIP: _____
 Phone #: _____ FAX #: _____

My signature authorizes verification of my information. You are hereby authorized to furnish all information regarding my income requested on the inquiry.

Signature: _____ Date: _____

FINANCIAL INSTITUTION MUST COMPLETE THIS SECTION

Please provide the total interest/dividend amount paid in the months below:

Interest/Dividends are paid: MONTHLY QUARTERLY ANNUALLY

<u>MONTH</u>	<u>DIVIDEND</u>	<u>INTEREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____
 Title: _____
 Print: _____ Phone: _____

