



**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 SOCIAL SECURITY BENEFITS 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 RECEIVING SOCIAL SECURITY MUST COMPLETE THIS SECTION**

Name of Recipient: \_\_\_\_\_ Birthdate of Recipient: \_\_\_\_\_

Social Security # of Recipient: \_\_\_\_\_

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

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

Phone # : \_\_\_\_\_

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

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

**SOCIAL SECURITY ADMINISTRATION OFFICE MUST COMPLETE THIS SECTION**

The net amount of the monthly **Social Security (SS)/SSI** benefits for:

<u>MONTH(S)</u>	<u>SSI</u>	<u>SOCIAL SECURITY (do not include Medicare)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We are unable at this time to verify information requested:  
 Claim still pending  
 No record based on identifying information  
 Other - see reverse form

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

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

