



**Please return to:**  
**Minnesota Valley Action Council**  
**Energy Assistance Department**  
 706 N Victory Dr  
 Mankato, MN 56001  
 507-345-6822 or 800-767-7139  
 FAX 507-345-2404

For Office Use Only
HH# _____
Staff: _____
Date Received: _____
_____

## REQUEST FOR COUNTY ASSISTANCE VERIFICATION

*To Whom It May Concern:*

We are required to verify the income of all applicants who apply for the 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)	
Blue Earth - Faribault – LeSueur – Martin – Nicollet – Sibley – Waseca – Watonwan - Other _____	
Worker: _____	Worker Phone #: _____
<i>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.</i>	
Signature: _____	Date: _____

### COUNTY WORKER MUST COMPLETE THIS SECTION

Total monthly gross income from this agency for the months of:	
<b><u>MONTH</u></b>	<b><u>MFIP/GA/MSA/DWP</u></b>
_____	_____
_____	_____
_____	_____
Completed by: (print) _____ Phone Number: _____	
Signature: _____ Date: _____	