



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 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:		
MONTH(S)	GROSS INCOME	LAST DAY OF WORK: _____
_____	_____	
_____	_____	
_____	_____	
Completed by: (print) _____		Phone Number: _____
Signature: _____		Date: _____