

OLMSTED ENERGY ASSISTANCE PROGRAM (EAP)
2117 Campus Drive SE Suite 100
Rochester, MN 55904-4825
TELEPHONE: 507-328-6508 FAX: 507-328-7956

AUTHORIZATION FOR BUSINESS/BANK INCOME VERIFICATION

I hereby authorize the business/bank listed to disclose to OEAP the information indicated below:

_____ Name of Business/Bank	_____ Signature of Employee/Account Holder	
_____ Address of Business/Bank	_____ Printed Name & Social Security Number	
_____ City, State, Zip	_____ Address of Employee/Account Holder	
	_____ City, State Zip	_____ Date Signed

TO BE COMPLETED BY BUSINESS/BANK

Past complete three month gross income or interest for the months of:

_____ Month 1	_____ Gross Income/Interest Month 1	_____ Signature of Business/Bank Staff Completing Form
_____ Month 2	_____ Gross Income/Interest Month 2	_____ Telephone Number of Staff Completing Form
_____ Month 3	_____ Gross Income/Interest Month 3	_____ Date Form Completed

Please take this form to your employer if you do not have your pay stubs for the **full three months** prior to the month you complete and sign your application. Please list the months needed on the form.

OR

Please take this form to your bank if you do not have proof of interest income for the **full three months** prior to the month you complete and sign your application. Please list the months needed on the form.

This form will expire 12 months after the date signed.