

**Application Addendum (for household members 18 years of age and over)**

Application #: \_\_\_\_\_

I have read the notices concerning personal data and wage match below. Sign below to indicate that you have read these notices.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

I authorize the use of my Social Security number for the purposes stated in the Wage Match Notice. I verify that the Social Security number on the line with my name is my Social Security number.

Print Name	Relation to Head of Household	Date of Birth	Social Security Number	Signature authorizing the use of my Social Security number for wage match

**WAGE MATCH NOTICE**

In accordance with state law (M.G.L c. 62E), the NEFWC will participate along with the Massachusetts Department of Housing and Community Development (DHCD) in the Massachusetts Wage Reporting System (wage match). The income reported by fuel assistance, weatherization, and/or heating system assistance recipients may be matched with wages reported by employers to the Massachusetts Department of Revenue (DOR). We are asking you to provide or verify your social security number for this purpose. We are also asking all adult members of your household (18 years of age or older) to provide or verify their social security numbers for this purpose. You and adult household members do not have to provide or verify social security numbers to be determined eligible under this application for the fuel assistance, weatherization, and/or heating system assistance programs.

If your household is included in the wage match, the NEFWC will provide social security numbers, along with the names of the head of household and all adult household members, to DHCD. DHCD will forward this information to DOR, or DHCD may match this information directly by computer. The income information you have reported to us for the fuel assistance, weatherization, and/or heating system programs will be matched with wage/income information reported by employers to DOR. DOR will provide DHCD with information from its records as to your income and the income of other members of your household, and DHCD will inform this agency of this income information.

If the income information you reported to us does not match the information reported by employers to DOR, we will contact you as the head of household. We will meet and work with you and any adult household member whose income information is in question to try to resolve a “mismatch”. However, if we cannot resolve a “mismatch”, and we determine that the household has incorrectly underreported income to us, we may take one or more of the following actions: (1) adjust the household benefit level; (2) terminate benefits or assistance to the household; (3) seek repayment of payments incorrectly made to or on behalf of the household; and/or (4) reduce any future benefits by amounts not repaid. If we take any of these actions, you as head of household shall have the right to dispute our decision through the NEFWC’s Appeals Process and in court.

Any “mismatch” which cannot be resolved by the NEFWC could also result in referral to DHCD. Information concerning you and adult household members may also be referred to the Massachusetts Bureau of Special Investigations, a District Attorney, or to the Attorney General’s Office which may result in further investigation, action, and/or criminal prosecution.

If you or adult household members do not or cannot provide or verify social security numbers to the NEFWC, your name and the names of all adult household members will still be submitted to DOR in the event of a wage match. After you have read this notice, if you are still concerned about the wage match, call your local legal

**AUTHORIZATION - INFORMATION SHARING FOR HEATING AND UTILITY DISCOUNTS AND BENEFITS**

I authorize the NEFWC to provide my heating company/utility and my secondary energy company/utility with information concerning my Fuel Assistance application if this could result in a discounted heating/energy bill.

I further authorize the NEFWC to share my name and address, identifying me as a Fuel Assistance recipient, with my telephone and other supplier/company/utility information if this could result in a discount or other benefit from the supplier/company/utility. The NEFWC may also request that I supply account number information for this purpose.

I understand that this authorization is for my benefit and I do not have to agree in order to receive assistance under this application. I have read the above authorization and agree to its terms; however, if I do not agree, I will so indicate on the front of this application (under the Applicant Signature section) in accordance with instructions from the NEFWC