

NEW ENGLAND FARM WORKERS' COUNCIL
FUEL ASSISTANCE PROGRAM
1666 Main Street
Springfield, Massachusetts 01103
(413) 272-2209

APPLICATION NUMBER: _____ NAME: _____

Income for the weeks ending: ____/____, ____/____, ____/____, ____/____

ONE OF THE ITEMS BELOW MUST BE CHECKED AND THE INSTRUCTIONS FOR THAT ITEM FOLLOWED.

_____ **WAGES:** Submit the FOUR (4) pay stubs corresponding to the week ending dates above

_____ **UNEMPLOYMENT BENEFITS:** Submit the FOUR (4) check stubs corresponding with the week ending dates above or contact the DET office at 1-877-626-6800 for a print out of your claim record.

_____ **EAEDC/TANF/WELFARE:** Submit current benefit letter (call 1-800-632-8095 to obtain)

_____ **WORKERS' COMPENSATION/SHORT & LONG TERM DISABILITY:** Submit FOUR (4) check stubs showing the gross benefits received for the week ending dates above. Must show gross amount, date of loss and frequency of payments.

_____ **SOCIAL SECURITY/SSI/VETERAN'S BENEFITS:** Submit copy of current check, copy of bank statement if direct deposit or call 1-800-772-1213 for a benefit letter.

_____ **PENSION BENEFITS:** Submit a copy of the current stub, letter from source indicating gross benefit amount or copy of prior year's 1099.

_____ **OTHER:** If you received income other than above listed items please contact office at (413) 272-2209 for instructions.

_____ **NO INCOME:** If the above-mentioned person had no income for the weeks indicated then they **MUST COMPLETE FOLLOWING SECTION** (be sure to complete following section in its entirety including the dates) **AND COMPLETE THE REVERSE SIDE OF THIS FORM.**

****I certify that I received no income during the time period indicated below. I authorize NEFWC to examine my tax returns in order to verify my income. I understand that in the case of any misstatement of no income, I may be required to repay the full value of any assistance received and may be subject to criminal prosecution.**

I, _____ had no income from ____/____/____ to
____/____/____. (DATES MUST BE FILLED IN)

Signature

Social Security #

____/____/____
Date

REMINDER

ANY INDIVIDUAL CLAIMING "NO INCOME" MUST COMPLETE ABOVE SECTION (INCLUDING DATES) AND COMPLETE THE REVERSE SIDE OF THIS FORM.

**ADULT HOUSEHOLD MEMBERS
PERSONAL INFORMATION NOTICE**

I understand that the AGENCY will use and hold personal information in its records relating to me, including my social security number, only for the program purposes described in this application, unless the AGENCY otherwise obtains my consent. The AGENCY will keep this information confidential. Only employees of the AGENCY and the agencies or entities described herein may see this information or keep it in their records for the purposes described herein. These other agencies or entities will also keep this information confidential. If the AGENCY receives a legal order to release personal information to anyone else, it will notify me. If I ask, the AGENCY will answer my questions about how it keeps and uses this information. If I ask, I or my authorized representative has a right to inspect and copy information collected about me. I may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the AGENCY holds about me. If I object, the AGENCY will investigate my objections and will either correct a problem or make my objection party of the file. If I am dissatisfied, I may appeal to the State Department of Housing and Community Development.

WAGE MATCH NOTICE

In accordance with state law (M.G.L c.62E), the matching of income reported by fuel assistance, Weatherization, and/or heating system assistance recipients with wages reported by employers to the Massachusetts Department of Revenue may be required. In this event, this AGENCY will participate along with the Massachusetts Department of Housing and Community Development (DHCD) in the Massachusetts Wage Reporting System (a wage match). We are asking all adult members of an applicant's household (18 years of age or older) to provide their social security numbers for this purpose. The adult household members do not have to provide social security numbers to be determined eligible under the application for the fuel assistance, Weatherization and/or heating system assistance programs.

Should a wage match be required, this AGENCY will forward social security numbers, along with the names and address of the head of household and all adult household members to DHCD. DHCD will forward this information to the Massachusetts Department of Revenue. 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 the Department of Revenue. The Department of Revenue 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 which you reported to us does not match the information reported by employers to the Department of Revenue, we will contact the head of your household. We will meet and work with the head of your household and any 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 of more of the following actions: adjust the household benefit level; terminate assistance to the household; seek repayment of payments incorrectly made to or on behalf of the household; reduce any future benefits by amounts not repaid. If we take any of these actions, the head of household has the right to dispute our decision through this AGENCY'S Appeals Process and in court.

Any "mismatch" which cannot be resolved by the AGENCY could also result in referral to DHCD. Information concerning you and other household members may also be referred to the State Bureau of Special Investigations, District Attorney or Attorney General which may result in further investigation, action and/or criminal prosecution.

If you do not or cannot provide or verify your social security number to this AGENCY, your name and address will still be submitted to the Department of Revenue in the even of a wage match. After you have read this notice, if you are still concerned about the wage match, call your local legal services office.

APPLICATION ADDENDUM [PLEASE SIGN BOTH SECTIONS BELOW TO INDICATE THAT YOU HAVE READ THESE NOTICES]

A) I have read the above Notices concerning Personal Data and Wage Matches

Signature

B) I authorized the use of my social security number for the purposes stated in the Wage Match Notice. I verify that the number stated below is my SSN.

FIRST NAME, LAST NAME	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY #	SIGNATURE AUTHORIZING USE OF MY SSN FOR WAGE MATCH