

APPLICATION ADDENDUM

I have read the Notice concerning Personal Data and Wage Match on the back of this form.
 (PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ THESE NOTICES)

APPLICATION NUMBER: _____

A. I have read both the *Personal Information Notice* and *The Wage Match Notice* on the back of this form

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

B. I authorize 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 Social Security Number. (Please Sign Below)

| First Name Last Name | Relationship to Head of Household | Date of Birth | Social Security Number | Signature Authorizing Use of My SSN for Wage Match |
|----------------------|-----------------------------------|---------------|------------------------|--|
| 1. | | | | |
| 2. | | | | |
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| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

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 other agencies or entities described herein may see this information or keep it in their records for the purpose 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 representatives have 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 objections part of the file. If I am dissatisfied, I may appeal to the State Executive office of Communities and 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 number 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 DCS/CSU. DCS/CSU 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 DCS/CSU with information from its records as to your income and the income of other members of your household, and DCS/CSU will inform this AGENCY of this income information.

If the income information that 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 or 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 this 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 event 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.