

**SELF HELP INC.(AGENCY)  
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION ADDENDUM**

**APPLICATION NUMBER: \_\_\_\_\_**

Please complete and sign below.

<b>First Name Last Name</b>	<b>Relationship to Applicant</b>	<b>Date of Birth</b>	<b>Social Security number</b>	<b>Signature of adult household member verifying that the number stated is their Social Security number and authorizing the use of their Social Security number for the purposes stated in the application and Wage Match Notice on this form, which are also available through (AGENCY).</b>
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## **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 (DOR) 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 Applicant and all adult household members to DHCD. DHCD will forward this information to the DOR. 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 DOR. The 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 that you reported to us does not match the information reported by employers to the DOR, we will contact the Applicant. We will meet and work with the Applicant 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 Applicant has the right to dispute our decision through this (**AGENCY's**) Appeals Process.

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 may still be submitted to the DOR in the event of a wage match.

FY 2020