



South Hadley Housing Authority

THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.

Questa é una notizia molto importante. Per piacere falla tradurre. Este es un aviso importante. Srvase mandarlo traducir. C'est important. Veuillez faire traduire. **ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.** XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY. Este é um aviso importante. Por favor mande traduzi-lo. Es é un avizu importantí. Di favor, manda traduzil. Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w

Certification and Consent to Verification

Notice: SHHA may use your name, date or birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets, and receipt of public benefits or services. We may use the identifying information that you provided on this application in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identifying information that you provide on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers, or other identifying information may be matched with computer or other files, to include but no limit to, files from the following Data holders: Internal Revenue Service; Social Security Administration; Alien Verification Information System; Center for Medicare and Medicaid; MassHealth; Registry of Motor Vehicles; Department of Revenue; Department of Revenue Child Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veteran's Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities; schools; insurance companies; banks and/or financial intuitions.

Certification: I certify, under penalty of perjury, that the information that I have provided on this application is correct and complete to the best of my knowledge.

Consent: To the extent that my consent is required, I authorize the SHHA to use identifying information on this application to perform matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance and to detect fraud. I also authorize the Data Holders to release my wage, tax, child support, benefits, income or other information to SHHA for purposes of verifying the information on this application and for detecting fraud.

This form must be read and signed by all adult family members of the household listed on this application.

_____ Signature of Applicant or Legal Representative	_____ Name (Print)	_____ Date
_____ Signature of Adult Household Member	_____ Name (Print)	_____ Date
_____ Signature of Adult Household Member	_____ Name (Print)	_____ Date

This certification and consent is valid until superseded by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf

