

South Shore Community Action Council, Inc.  
71 OBERY STREET  
Plymouth, MA 02360  
508.746.6707  
FY 2026  
Mass Home Energy Assistance Signature Page

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APPLICATION # \_\_\_\_\_

Signature to attach to the Mass Home Energy Assistance  
and Weatherization Application

By signing below, I certify that I have read the back statements and agree to the declarations and authorizations, and to the Wage Match Notice set forth herein.

**THIS SIGNATURE IS REQUIRED TO HAVE A COMPLETE APPLICATION.**

Print Name: \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_



**Please sign on the signature line above.**

By signing this application, I verify that the Social Security number associated with my name related to this application is my Social Security number and I authorize the use of my Social Security number for the purposes above. Other adult household members (18 years of age or older) must also provide their information and sign below or complete an Application Addendum form

## **APPLICANT DECLARATIONS AND AUTHORIZATIONS FOR USE OF PERSONAL INFORMATION:**

I make the following declarations and authorizations:

I understand the information on this application and supporting documents will be shared with and used to determine and verify my household's eligibility for the following programs and benefits: (i) **Home Energy Assistance Program** which helps pay the cost of home heating energy ; (ii) **weatherization assistance** which helps make homes more energy efficient and comfortable ; (iii) **heating system assistance** which helps keep heating equipment in good and efficient working order through maintenance, repair or replacement. If this application is only for Weatherization or Heating System Assistance and is filed during or after the Home Energy Assistance Program enrollment period, it will not be treated as an application for Home Energy Assistance Program.

I give consent for the **SSCAC** and/or **EOHLC** to share any information on this application and the supporting documents, including confidential information, with and among my primary and secondary heating and energy company/utility and water and sewer company(ies) and system (s), if this could result in a discount on my heating/energy bill or other benefit from the supplier/company/utility. I do not have to agree to this in order to receive Home Energy Assistance Program benefits, weatherization assistance benefits, heating system assistance benefits. I have the right to decline to have my information shared for applicable discounts and benefits. To decline, I will provide separate written notification to my energy company/utility and to **SSCAC**.

### **WAGE MATCH NOTICE**

In accordance with state law (M.G.L c. 62E), the **SSCAC** and **EOHLC** participate in the Massachusetts Wage Reporting System ("Wage Match"). The income reported by Home Energy Assistance Program, weatherization assistance, and/or heating system assistance recipients may be matched with wages reported by employers to the DOR. The **SSCAC** and **EOHLC** are asking the Applicant and all adult members of the household (18 years of age or older) to provide or verify their Social Security numbers for this purpose. The Applicant and adult household members do not have to provide or verify Social Security numbers to be determined eligible under this application for the Home Energy Assistance Program, weatherization assistance, and/or heating system assistance programs.

By signing this application, I verify that the Social Security number associated with my name related to this application is my Social Security number and I authorize the use of my Social Security number for the purposes above. Other adult household members (18 years of age or older) must also provide their information and sign below or complete an Application Addendum form.