

APPLICANT DECLARATIONS AND AUTHORIZATIONS FOR USE OF PERSONAL INFORMATION:

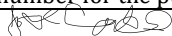
I have read the application or it has been read to me in a language I understand. I make the following declarations and authorizations:

- 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; and (iv) if I have indicated on the application my interest in applicable **Community Solar projects**. 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 the Home Energy Assistance Program.
- I affirm that I am a Massachusetts resident. I authorize the **AGENCY**, the **Executive Office of Housing and Livable Communities (EOHLC)**, and/or their agents to communicate with me through the contact information I provide, including electronically through email, the EOHLC authorized online portal, and/or by phone. I understand it is my responsibility to provide the **AGENCY** any changes to my contact information.
- I understand that only United States Citizens or certain Qualified Aliens are eligible to receive federal energy assistance benefits.
- I give consent for the **AGENCY** and/or **EOHLC** to share any information on this application and the supporting documents, including confidential information, with and among the following:
 - Offices of the state and federal governments, and their designated subcontractors and agents, which may include auditors authorized by EOHLC;
 - My primary and/or secondary heating and energy utility company(ies), including my annual energy consumption cost, usage data, utility charges, payment history and other account information; and
 - Community solar projects and vendors, as applicable.
- I give the **AGENCY** and/or **EOHLC** permission to obtain and share any data about my annual energy consumption cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company(ies). I authorize the company(ies) to provide this information to the **AGENCY** and/or **EOHLC**. I agree to hold the company(ies) harmless and release them from and against loss, demands, damages, or liability caused by such disclosure.
- I give consent for the **AGENCY** 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(ies)/utility(ies) , 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, and/or heating system assistance benefits. If I do not agree, 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 companies and to this **AGENCY**.
- I authorize any individual, company, agency, or other entity which has information about me or my household relevant to our eligibility for benefits, to release or disclose this information to the **AGENCY** and/or **EOHLC**, including confidential information. This information may be shared as required by law and in any legal proceeding where doing so would result in my repayment. I authorize the **AGENCY** and/or **EOHLC** to use the information I provide to make referrals on behalf of myself and my household and for other program purposes. I authorize the **AGENCY** and/or **EOHLC** to transfer information relevant to my eligibility for benefits to other agencies if I move to another service area and request assistance at a new address.
- I understand that eligibility for benefits does not guarantee my household will receive assistance, and eligibility for one service does not guarantee eligibility for other services. I understand that the timing or receipt of benefits for which I am eligible cannot be guaranteed. I understand that uncooperative, inappropriate, or threatening behavior may impact my ability to receive benefits.
- I certify under the penalties of perjury that all information on this application, and all information I submitted or will submit in support of this application, is true and complete to the best of my knowledge. I understand that if I submit inappropriate or threatening content, the **AGENCY** and/or **EOHLC** may choose to edit or remove it. I am the only person in my household that has applied for the previously named programs and benefits this program year, and my household has only submitted one application this program year.
- I understand that information provided on this application and supporting documentation may be verified, including through computer matching. I authorize the **AGENCY** and/or **EOHLC** to contact individuals, companies, and offices of the federal and state government to verify the information, to determine my household’s eligibility, and for other program purposes. I understand that I may be subject to criminal prosecution as a result of any fraudulent statements in this application or associated documents.
- I agree to cooperate in requests to provide information to the **AGENCY** and/or **EOHLC**, and understand that my failure to do so may result in termination, suspension, or repayment of assistance. I understand that before my benefits are terminated, suspended, reduced, or denied or other adverse action is taken against me because of information gained from computer data matching processes with federal and state agencies, I will be notified in writing of the potential action, provided an opportunity to contest it, and given information on how to do so.
- I understand in the event I receive any type of assistance or benefits mentioned herein and I am determined to be ineligible for them, I may be fully liable for the value of assistance received and that future benefits for which I become eligible may be reduced by any amount that I do not repay.
- I understand that the **AGENCY** and/or **EOHLC** may refer my information concerning a violation of the laws to the Massachusetts Bureau of Special Investigations, a District Attorney, or to the Attorney General’s Office. This may result in further investigation, action, and/or criminal prosecution.

WAGE MATCH NOTICE

- In accordance with state law (M.G.L. c. 62E), the **AGENCY** and **EOHLC** participate in the Massachusetts Wage Reporting System (“Wage Match”). The income reported by the Home Energy Assistance Program, weatherization assistance, and/or heating system assistance recipients may be matched with wages reported by employers to the Department of Revenue (DOR). The **AGENCY** 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.

Print name of other adult household member(s)	Relation to Applicant	Date of birth	Social Security number	Signature of adult household member authorizing the use of Social Security number for the purposes above
JOSE CORTES	Applicant	8/19/1972	On File	

By signing below, I certify that I am an adult household member, 18 years of age or older, and I have read, or have had read to me in a language I understand, and I agree to the above statements.

Print Name (Household Member): JOSE CORTES Signature:  Date: 12/11/2025