



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)



Equal Housing Opportunity

Certification and Consent to Verification

Notice: Greenfield Housing Authority may use your name, date of 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 in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identifying information that you provided 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 not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; **Mass State Supplemental Program (SSP)** 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 Veterans' Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, RAFT, schools, insurance companies, banks and/or financial institutions.

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 Greenfield Housing Authority to use this application to authorize the Data Holders to release my wage, tax, child support, benefits, income or other information and 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, verifying the information on this application and for detecting fraud.

Household Address: _____

List all household members:

Name (Print)	Date of Birth	Last 4 of Social Security
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Adult Household Member	Name (Print)	Date
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Signature of Adult Household Member	Name (Print)	Date
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This form must be read and signed by all adult family members of the household listed on this application. 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.