Commonwealth of Massachusetts
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
Mitt Romney, Governor ◆ Kerry Healey, Lt. Governor ◆ Jane Wallis Gumble, Director

Public Housing Notice 2004-05

TO: All Local Housing Authority Executive Directors
All Non-Profit Housing Agencies administering Massachusetts Rental Voucher Program

FROM: Carole E. Collins, Director, Bureau of Housing Management

SUBJECT: Wage Match for State Housing Program Tenants

DATE: June 29, 2004

The web based system for conducting Wage Match for state housing program tenants, including tenants in conventional housing, MRVP and AHVP, is now available to local housing authorities (LHAs). All Massachusetts housing authorities and non-profit agencies that administer state-funded housing programs must participate in this Wage Match program. The pertinent law and regulations can be found at section 3 of M.G.L. c. 62E and 760 CMR 6.00.

The wage match system information is exchanged via the statewide network. LHAs will transmit data via the internet Wage Match System to DHCD and we will then transmit the data to the Department of Revenue (DOR). DOR will then match the data against its wage reporting files, provide information to DHCD, and in turn DHCD will forward the information to the LHA. We anticipate that responses will be received back at an LHA within five days. LHAs will review the data to determine whether income reported by tenants for determining rent is correct.

How do LHAs Access the System

The wage match system can be accessed through the housing authority web application which contains HAFIS, Vacancy and Applicant and Tenant Selection Data. Through this one web address the Executive Director can manage the log-ins of staff that need access to one or all of the systems in the menu of items.

The system provides instructions for each step of the wage match process. You can access the instructions by simply using your mouse to click on a particular section and go to the Help Icon at the top of the page. We believe the system is straightforward and we do not believe training is necessary. If you have questions, please contact your Housing Management Specialist.

Wage match requests can be batched or individually submitted. We have found that batch requests of 100 or less receive a response within five days, however, larger batch requests can take an additional few days.

For Whom is Wage Match Conducted and Notification Process

LHAs shall conduct wage match for every adult member (aged 18 and over) of the tenant household residing in state housing programs. Tenants must be informed about the wage match program and must authorize the use of their Social Security numbers for the program. Although, tenants are required by the lease to provide their social security number, and to authorize use of their social security number by the housing authority for verification of income and assets through DOR's tax system, wage reporting, and bank match systems or similar means of verification, there is no requirement that applicants or tenants have a social security number to be eligible or housed. Please send the attached letter and authorization form to all households. The letter explains the program and asks adult tenants to furnish their Social Security numbers. You must personalize this letter before sending it: The letter should be placed on housing authority letterhead, the name of the authority, the due date, and the return address must be added to the authorization form. You must retain these authorization forms.

Confidentiality and Controls

Because LHAs, through this system, have access to "personal data" as defined by M.G.L. c.66A, LHAs must ensure confidentiality of information requested and received through the wage match system. As such, LHAs are subject to and must comply with all applicable laws and regulations relating to confidentiality and privacy, including but not limited to M.G.L. c. 62E, M.G. L. c. 66A, and 760 CMR 4.00. The Executive Director is responsible for ensuring that the employee(s) understand the serious nature of any misuse of the system or the information obtained. LHAs agree to take reasonable steps to ensure that information requested or received is not improperly used or accessed, and is secure. Each LHA shall adopt its own set of guidelines for handling wage match information, which shall include, at a minimum, the following:

(1) a list of employees who will be authorized to request and receive information provided through the Wage Match system
(2) a statement concerning assurance as to protection of privacy and confidentiality including but not limited to access to computer, printed materials, and storing of information
(3) set forth that the use of wage match information is to verify income and assets of households in the LHA's state housing programs
(4) statement that LHA will notify DHCD immediately both orally and in writing if any personal data is improperly used or accessed. The LHA will cooperate with DHCD to enjoin or prevent misuse of, regain possession of, and otherwise protect the data.

Procedures for Handling Cases of Income Discrepancy

The information obtained from DOR is to be compared with income information reported by tenants for rent determination to see if there are any significant discrepancies. Significant in this case is defined as a difference between a household's income, based on information from DOR that reported by the tenant or voucher holder, of ten percent or more. Cases of discrepancy will be identified in the manner described below.

A. Identifying Cases of Income Discrepancy

The LHA or Non-Profit will compare income and asset information reported for members of a tenant household with information provided by DOR. The LHA will use its best judgment to identify cases where there is a discrepancy of ten percent or greater. This ten percent figure triggers a rent redetermination under 760 CMR 6.00 and 760 CMR 49.00.

When the LHA or Non-Profit believes a tenant probably has income that exceeds this ten percent threshold, the LHA or Non-Profit will ask the tenant to explain the difference at meetings with housing authority or non-profit staff.

B. Meetings/Hearing Process

The LHA or Non-Profit shall provide the tenant with an opportunity to explain the discrepancy.

1. The tenant will be requested in writing to attend a meeting at the housing agency. The letter must state the purpose of the meeting and contain the information from DOR that will be discussed. The letter will ask the tenant to call the housing agency to arrange for a mutually agreeable time.

2. If the tenant does not contact the LHA or Non-Profit, the housing agency will make a reasonable effort to set up the meeting. If no meeting has been arranged with the tenant after three weeks from the date of the notification letter, the housing agency will proceed to Step 5.

3. At the meeting, the housing agency director or his or her designee will discuss the information obtained from DOR concerning the tenant's income and how it might affect the tenant's rent or voucher amount, or might be grounds for the tenant's eviction or termination.

   The tenant will be given three weeks from the date of this meeting to provide income information, documentation, or other evidence that shows why DOR information is incorrect. The LHA or Non-Profit will evaluate all information provided by the tenant.

4. The LHA or Non-Profit will then send a letter notifying the tenant of the action it will take, if any. If adverse action will be taken (i.e., increased rent, termination, or eviction), the housing agency will ask the tenant to attend an additional meeting. The letter will state clearly how the tenant is to schedule this meeting and the deadline for doing so. This meeting should be held within three weeks of the date of the letter. Any adverse action the LHA or Non-Profit plans to take shall commence following this meeting, if one is held, or at the end of the three-week period, if the tenant does not schedule or attend a meeting.

5. Tenants who feel aggrieved because of adverse action taken by an LHA or Non-Profit are entitled to a grievance hearing according to procedures outlined in _____ 760 CMR 6.08 for state housing tenants and 760 CMR 49.10 for voucher holders (which refers to the process outlined in 760 CMR 6.08).

Reporting Adverse Actions to DHCD

LHAs and Non-Profits must report to DHCD any adverse actions they take for each tenant, such as evictions or termination proceedings, rent increases, or rent repayment arrangements. These cases should be reported on the attached form. It is not necessary to report cases that are investigated but are cleared.

Dear Massachusetts Public Head of Household or Household Member:

Under state law, each head of household and adult household member (age 18 and over) residing in state-aided public housing is required to participate in the Massachusetts Wage Reporting and Bank Match System. The purpose is to verify the income and assets of households. This will be done by matching the income and assets reported by each head of household and adult household member (age 18 and older) of each household with wages and income reported by employers as well as information reported by banks and similar entities to the Massachusetts Department of Revenue. In addition, information concerning your gross income will be matched with information provided on your state tax return.

Therefore, we are requiring you at this time to provide your social security number (SSN). Many households signed such a release several years ago. We are asking all tenants to sign the release again to allow for the most current information to be provided. This will update the release already on file so that all current members of the household eighteen years of age and older may be included. New residents and those households who failed to comply during the last wage/tax match are asked to submit an original release to the Authority. The SSNs and the names of the head of household and all adult members of the household will be forwarded by this housing agency to the state agency, the Department of Housing and Community Development (DHCD), which administers the state-aided public housing programs. DHCD will forward this information to the Department of Revenue. The information you have reported to us concerning your income and assets will be matched with wage and income information reported by employers and information reported by banks and other similar entities to the Department of Revenue, as well as information provided on your state tax return. The Department of Revenue will provide DHCD with information from its records as to your income and assets and the income and assets of other members of your household, and DHCD will inform this housing agency of this information.

If there is a "mismatch" between the information provided to us by the household and the information provided by the Department of Revenue, we will contact the head of household. We will meet and work with the head of household whose information is in question to try to resolve the "mismatch". However, if the "mismatch" cannot be resolved, and we determine that the household has incorrectly underreported income and/or assets, we may take one or more of the following actions: adjust the household's current rent: seek repayment of rental underpayments incorrectly made by the household, and/or terminate the household's tenancy. If we take any of these actions, the head of household has the right to dispute our decision through this Agency's grievance procedures and in court.

Any "mismatch" which cannot be resolved could also result in referral to DHCD. Information concerning you and your household may also be referred to the District Attorney, Attorney General, or other appropriate law enforcement officials, which may result in further investigation, action, and/or criminal prosecution.

Before you sign this form, it is important that you know the following additional information:

1. In accordance with state law (M.G.L. c. 62E; chapter 43 of the Acts of 1997, section 174; 760 CMR 7.05 (3), it is mandatory that each head of household and adult household member (age 18 and over) disclose to us his or her social security number. Failure by a head of household or any adult (age 18 or over) household member to provide this Agency with a social security number is grounds for termination of the household's tenancy.

2. We will use and hold your social security number and the information obtained from the Department of Revenue and DHCD in our records only for the purposes described above unless we get your consent.

3. We will keep the information confidential. Only employees of this Agency and the other agencies or entities described above may see this information or keep it in their records for the purposes described above. These other agencies or offices will also keep the information confidential. If we receive a legal order to release the information to anyone else, we will notify you.

4. If you ask, you or your authorized representative have a right to inspect and copy information collected about you.

5. If you ask, we will answer your questions about how we keep and use this information.

6. You may object to the accuracy, completeness, pertinence, timeliness, relevance, use or dissemination of information we hold about you. If you object, we will investigate your objection and will either correct a problem or make your objection part of the file. If you are dissatisfied, we will further inform you of any additional opportunity for appeal.

Sincerely,

_____

LHA

Attachment

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Income/Asset/Tax Match Authorization

All adult members of the household must sign this form

I have read the attached letter and authorize the use of my Social Security number for the purpose described.

Please return this form no later than _____. If there are more than four adults in your household, please continue on the back of this form.

Head of Household

Social Security Number: _____

Name (please print): _____

Signature: _____

Other adult (aged 18 and over) household members

1. Social Security Number: _____

   Name (please print): _____

   Signature: _____

2. Social Security Number: _____

   Name (please print): _____

   Signature: _____

3. Social Security Number: _____

   Name (please print): _____

   Signature: _____

4. Social Security Number: _____

   Name (please print): _____

   Signature: _____

Other adult (aged 18 and over) household members continued

5. Social Security Number: _____

   Name (please print): _____

   Signature: _____

6. Social Security Number: _____

   Name (please print): _____

   Signature: _____

7. Social Security Number: _____

   Name (please print): _____

   Signature: _____

8. Social Security Number: _____

   Name (please print): _____

   Signature: _____

S:\wp\devore\authorization form cont.

Wage Match Discrepancy Disposition Report Form

Social Security Number ___ - ___ - ____ **LHA ID** ___

Last Name _____ **First Name** _____ **Program** ___

Amount of Unreported Income $ ___ , ___ **Amount of Monthly Rent** $ ___ **Total Amount Owed** $ ___ , ___

Results ___ CODE

1 = Repayment agreement
2 = Rent adjustment with no repay
3 = Tenant moved out/left program
4 = Tenant to be evicted/terminated
5 = Repayment already collected
6 = Other—Explanation: _____

Monthly Repayment Amount $ ___

LHA Comment: _____

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