

### Commonwealth of Massachusetts

## DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Deval L. Patrick, Governor Timothy P. Murray, Lt. Governor Aaron Gornstein, Undersecretary

### **PUBLIC HOUSING NOTICE 2012-04**

TO:

All Local Housing Authority Executive Directors

FROM:

Lizbeth Heyer, Associate Director, Division of Public Housing and Rental Assistance

SUBJECT:

Changes to the Massachusetts SSI State Supplement Program Income Verifications

DATE:

April 6, 2012

On April 1, 2012, the Commonwealth became the 43<sup>rd</sup> state to assume responsibility for administering its SSI State Supplement Program (SSP). SSP payments supplement SSI (Social Security) benefits with state funds for Massachusetts residents. What this means for local housing authorities is that authorities will notice a change in the issuance of benefit payments to applicants and residents.

As of April 1, 2012, individuals who receive SSI and SSP no longer get both SSI and SSP benefit payments from the Social Security Administration (SSA). Rather, they receive two separate benefit payments, one from the SSA and one from the Commonwealth. Therefore, housing authorities will need to obtain verification of benefit payments from two sources, the SSA (Social Security Administration) and the Commonwealth.

A Housing Authority with a signed authorization for release of information from the client can request verification of income by:

- For <u>individual requests</u>, calling the SSP Customer Service Center at 1-877-863-1128 with the client's name, address, birth date and last 4 digits of the client's SSN; or
- For redetermination requests on behalf of a group of clients, completing and
  - o faxing the attached Excel form *SSP Request for Income Verification* to SSP Customer Service at 877-533-4383 or
  - o mailing the completed Excel form to: PO Box 15661, Worcester, MA 11615-0661.
- This form may also be downloaded from <u>www.mass.gov/hhs/ssp</u>
- SSP Customer Service will supply the income information and fax the form back to the requesting entity.

Additional information about this change in the administration of SSP is available by calling the Massachusetts SSP Customer Service Center at 877-863-1128, or at <a href="www.mass.gov/hhs/ssp">www.mass.gov/hhs/ssp</a>. Questions may be emailed to <a href="mailto:sspinfo@umassmed.edu">sspinfo@umassmed.edu</a>.



# Massachusetts SSI State Supplement Program (SSP)

## SSP Request for Income Verification

	Please Provide The Followi	The Following Organization and Requestor Information	· Information
☐ Housing Authority □	LIHEAP Agency	Other - Specify:	Requestor Fax Number:
Organization Name:		Street Address:	
Name of Requestor :	3	City/State:	
Title of the Requestor:	20	Phone:	
In signing this document, I certify all recipients named in this verificat access income information as part of the recipient's eligibility review.	ill recipients named in th of the recipient's eligibil	is verification request have ty review.	In signing this document, I certify all recipients named in this verification request have provided the above-named requestor authorization to access income information as part of the recipient's eligibility review.
Signature of Requestor:	17 27	ä	Date of Request:

To submit this request, you may mail the form to SSP Customer Service, PO Box 15661, Worcester, MA 01615-0661 OR FAX it to 877-533-4383

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	Recipient Name	Last 4 SSN	DOB	Street Address	City	Zip Code	SSP Income Amount	Effective Date
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