



Commonwealth of Massachusetts
DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT

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

Public Housing Notice 2012-13

To: All Local Housing Authority Executive Directors
All Non-Profit Housing Agencies Administering Massachusetts Rental Voucher Programs
From: Lizbeth Heyer, Associate Director, Division of Public Housing and Rental Assistance
Subject: Wage Match for State Housing Program Tenants
Date: October 3, 2012

In January, 2007 we issued Public Housing Notice 2007-01, which announced the availability of a web based system for conducting a Wage Match for state housing program tenants, including tenants in conventional housing, MRVP and AHVP, 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 M.G.L. c. 62E, M.G.L. c. 66A, 760 CMR 6.00 and 801 CMR 3.00.

As part of an Interdepartmental Service Agreement (ISA) between the Massachusetts Department of Revenue (DOR) and the Massachusetts Department of Housing and Community Development (DHCD), DHCD is authorized to receive wage reporting information from DOR pursuant to M.G.L. c. 62E, § 3. The wage match system information is exchanged via the statewide network. LHAs transmit data via the internet Wage Match System, which is accessed through the housing authority DHCD Housing Applications web page. We then transmit the data to DOR. DOR matches the data against its wage reporting files, provides information to DHCD, and in turn, DHCD forwards the information to the applicable LHA. Responses should be received back at an LHA within five days. LHAs review the wage reporting information to determine whether income reported by tenants for determining rent is correct.

Executive Order 528, of the Governor's Office, formally established the Anti-Fraud, Waste and Abuse Task Force. Section 4 says:

"To the extent consistent with federal and state law, state agencies shall condition receipt of state benefits that require income or asset eligibility upon an applicant's consent to agency verification of recipient income or assets through data-sharing with the Department of Revenue and other methods. Clear language granting this consent shall appear on all application forms for income or asset eligible state benefits."

The attached "Certification and Consent to Verification" is being provided to you to ensure compliance with the aforementioned Executive Order. Please send it to all households. You must personalize this form before sending it. It should be placed on housing authority letterhead. Also, the name of the authority must be added to the form where the word AGENCY appears. You must retain these forms.

Should you have any questions, please call Bruce Siegel, Senior Housing Auditor at 617-573-1235.

Certification and Consent to Verification

Notice: (AGENCY) 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; 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, 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 (Agency) to use identifying information on this application 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 and to detect fraud. I also authorize the Data Holders to release my wage, tax, child support, benefits, income or other information to (AGENCY) for purposes of verifying the information on this application and for detecting fraud.

This form must be read and signed by all adult family members of the household listed on this application.

_____	_____	_____
Signature of Applicant or Legal Representative	Name (Print)	Date
_____	_____	_____
Signature of Adult Household Member	Name (Print)	Date
_____	_____	_____
Signature of Adult Household Member	Name (Print)	Date

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.