



Fuel and Electric Assistance Program
Direct Express SS/SSI Verification



I, _____, declare the following is true and accurate.
 print name

1. I have received a monthly SS/SSI/SSDI payment total \$_____ per month for _____.
 Recipient Name

2. I have received a monthly SS/SSI/SSDI payment total \$_____ per month for _____.
 Recipient Name

3. I have received a monthly SS/SSI/SSDI payment total \$_____ per month for _____.
 Recipient Name

4. I have received a monthly SS/SSI/SSDI payment total \$_____ per month for _____.
 Recipient Name

5. I have received a monthly SS/SSI/SSDI payment total \$_____ per month for _____.
 Recipient Name

Comments: _____

I attest under the penalty of perjury that all information given is true, complete, and accurate. I give permission for Fuel/Electric Assistance staff members to verify the amounts via Direct Express.

Signature _____

Date _____

FOR OFFICE USE ONLY

Social Security Direct Express Hotline Verification: 1-888-741-1115

(Press 1 for English, Press 2 to access by SSN only)

<u>Beneficiary</u>	<u>Date Received</u>	<u>Amount Received</u>	<u>Received By</u>
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

Verified By: _____ **Verified On:** _____