



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)

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

Verified By: \_\_\_\_\_ Verified On: \_\_\_\_\_