



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: \_\_\_\_\_