

Medical Expense Verification

Source Name: _____
Source Address: _____

Phone #: _____ Fax #: _____
Property Name: _____
Property Address: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed above. Your prompt return of this information will help to ensure timely processing of the application for assistance.

Your assistance in completing this form accurately and timely is greatly appreciated.

Applicant/Tenant Name: _____

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

The applicant/tenant may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.

Signature: _____ **Social Security #:** _____ **Date:** _____

1. The person whose signature appears on this form paid \$ _____ for medical expenses for the previous 12 months from _____ to _____.

(Exclude one-time expenses that are not expected to reoccur, and exclude portions that were paid by insurance.)

2. The person whose signature appears on this form is expected to pay approximately \$ _____ in medical expenses for the following 12 months from _____ to _____.

(Include payment plans, non-routine expenses, etc.)

Check the service(s) you provide for the amount stated above.

____ Physician Care ____ Hospital/Clinic ____ Prescription Medicines
____ Dental Care ____ Medical Insurance ____ Non-Prescription Medicines
____ Therapy (describe) _____
____ Eye glasses, hearing aids, batteries, wheelchair, walker, and other supplies and equipment
(describe) _____

Signature of Source: _____ **Title:** _____

Date Completed: _____ **Phone #:** _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a)(6),(7)and(8.) Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6)(7) and (8).