



**VERIFICATION OF HEALTH INSURANCE**



Send To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Soc. Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Property Name: \_\_\_\_\_  
Address: \_\_\_\_\_

I hereby authorize release of the requested information: \_\_\_\_\_  
Tenant Signature Date

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) which 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 person/property below. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

1. Amount of Premium \$ \_\_\_\_\_ per \_\_\_\_\_  
(month/quarter/year)
2. Amount of Deductible \$ \_\_\_\_\_.

**AUTHORIZED SIGNATURE OF PERSON SUPPLYING INFORMATION**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**RETURN TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*OFFICE USE ONLY\*\***  
Date Sent: \_\_\_\_\_  
By: \_\_\_\_\_  
Date Returned: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_