



VERIFICATION OF MEDICAL EXPENSES



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.

Complete the statement that provides the most accurate information in each category.

1. The person whose signature appears on this form paid \$ _____ for medical expenses for the previous 12 months from _____ to _____. INCLUDE ONE-TIME EXPENSES THAT ARE NOT EXPECTED TO REOCCUR.
2. The person whose signature appears on this form is expected to pay approximately \$ _____ in medical expenses for the following 12 months _____ to _____.

Type of Service You Provide to Applicant (check all appropriate):

- | | |
|---|---|
| <input type="checkbox"/> Physician Care | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> Hospital/Clinic Care | <input type="checkbox"/> Medical Insurance |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Eyeglasses, Hearing Aids |
| <input type="checkbox"/> Medical Transportation | <input type="checkbox"/> Wheelchair, Walker, Other Supplies/Equipment |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Other (Please specify): _____ |

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: _____ _____