

MEDICAL EXPENSES VERIFICATION FORM

ACCT. # _____

RESIDENT/APPLICANT NAME _____

ADDRESS _____
Street Apt./Floor# City State Zip Code

The individual named above is a resident/applicant for housing assistance which is subsidized through the Department of Housing and Urban Development [HUD]. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I, _____ hereby authorize the release of the information requested below.
Resident/Applicant Signature

MEDICAL PROVIDER: Please complete **ONE** of the following so that we may determine the above named individual's un-reimbursed expenses as accurately as possible. **IT IS NOT NECESSARY TO ANSWER BOTH 1 and 2.**

[1] The person whose signature appears above on this form paid \$ _____ for un-reimbursed medical expenses for the previous 12 months from _____ to _____

OR

[2] The person whose signature appears above on this form **is expected** to pay approximately \$ _____ in un-reimbursed medical expenses for the following 12 months from _____ to _____

EXAMPLES OF MEDICAL EXPENSES INCLUDE [please check expenses included in this estimate]

- _____ Services of Physicians and other health care professionals
- _____ Services of health care facilities
- _____ Prescription/non prescription medicines
- _____ Dental expenses
- _____ Attendant care or periodic medical care
- _____ Transportation [if utilizing Para-Transit or cab service, must submit receipts]
- _____ Other _____

Print Name/Title of person supplying information

Firm/Organization

Signature

Date

WARNING: 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.