

Medical Expense Verification

TO: _____

RE: _____
Name _____
Social Security Number _____

FROM: _____

Thank you for your prompt response. All information is confidential.
Please contact _____
at () _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.
Release: 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, which 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.

Signature

Date

THIS SECTION TO BE COMPLETED BY ADMINISTRATIVE OFFICE

Medical expenses for the above named person (consider only those expenses **not** covered by health insurance) are **estimated** to be \$ _____ for the up-coming 12 months.

Does the amount shown above include prescription drugs? Yes No

Does the above named person owe you an outstanding balance? Yes No

If yes, what is the current balance \$ _____

Has a payment schedule been arranged? Yes No

If yes, what is the amount paid monthly \$ _____

Signature _____ Date _____
Print your name _____ Tel. # _____
Title _____
Address _____

PENALTIES FOR MISUSING THIS CONSENT: 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, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA 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).

