Verification of Prescriptions Expenses

To: _____ **Please return to:** _____

_____ _____

_____ _____

_____ _____

Resident Name: _____ **Social Security #:** _____

Address: _____ **Date:**_____/_____/_____

This person has applied for housing assistance under a program of the U.S. Department Housing and Urban Development (HUD) HUD requires verification of income, asset and medical expenses for all residents of Affordable Housing for the purpose of determining eligibility for housing and computing rent payments. You will note that the resident's signature authorizes the release of information. To comply with the verification requirements, we ask your cooperation in completing this form. Please return this verification form to us as soon as possible to ensure timely processing.

I hereby authorize release of the requested information: _____ ____/_____/_____

Resident Signature **Date**

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INSTRUCTIONS FOR THRID PARTIES VERIFING INFORMATION: Please complete the following information:

(1) This person paid **$**_____ for prescription expenses for the previous 12 months from _____/_____/_____ to _____/_____/_____. (EXCLUDE ONE-TIME EXPENSES)

OR

(2) This person is expected to pay approximately **$** _____ in prescription expenses for the following 12 months from

_____/_____/_____ to _____/_____/_____.

Examples of prescription expenses: Any medicines that are prescribed by a doctor.

_____ _____ _____ _____ _____/_____/_____

Representative's Signature **Title** **Phone** **Fax** **Date**

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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 not 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.

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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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure 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 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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).