



HOME Tenant Based Rental Assistance

Verification of Medical Expenses

Federal regulations require that out-of-pocket medical expenses of program participants must be verified. This information must be provided by a third party, such as a doctor or pharmacist, familiar with the actual or estimated out-of-pocket medical expenses of the participant for the next 12-month period. Expenses do not include amounts covered by insurance or reimbursed to the participant. Thank you for your assistance in providing this information.

Participant Name _____ Social Security Number _____

I do hereby authorize the release of this information.

Signature of Participant _____ Date _____

The information provided below is true and accurate:

Name (print) _____ Date _____

Signature _____ Title _____

Phone Number _____ Name of Business/Office _____

Address _____ City _____ State _____ Zip _____

MEDICAL EXPENSES: Attach additional pages if needed

Description of Expense	Total Amount Owed	Monthly Amount Paid by Participant Out-of-Pocket	Total Amount Paid by Participant in Last 12 Months Out-of-Pocket

PHARMACEUTICAL EXPENSES: Attach additional pages if needed

Type of Drug	How Often Purchased by Participant Monthly/Annually	Amount Paid by Participant Out-of-Pocket	Total Amount Paid by Participant in Last 12 Months Out-of-Pocket

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.