

# PHYSICIAN'S VERIFICATION OVER-THE-COUNTER MEDICATIONS-HUD

TO \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ FROM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT – VERIFICATION OF INFORMATION SUPPLIED BY AN APPLICANT/RESIDENT FOR HOUSING ASSISTANCE**

Applicant Name \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_  
(last four digits of SSN)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 five years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature of applicant/resident Date

This individual has applied for and/or is receiving housing assistance under a program of Housing and Urban Development. HUD requires the housing owner to verify all information that is used in determining this individual's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the address listed above. The applicant/resident has consented to this release of information, as shown above.

## INFORMATION REQUESTED

Please sign off that the following items listed by the applicant/resident are medically necessary for him/her:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
**Doctor's office representative signature and title** **Date**

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 disclosures or improper use 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 willingly 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 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).\*\*