

Kathy Richards Management

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Equal Housing Opportunity

This institution is an equal opportunity provider and employer.



the
"CAREtakers"



MEDICAL EXPENSE VERIFICATION

TO: _____

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

RE: _____

TEL _____ Fax _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of HUD, Rural Development and tax credit housing, please complete the following information and return it as soon as possible to the above address.

All projected medical expenses, which are described below, may be listed as allowances to help reduce my rental cost.

I hereby authorize release of any information requested regarding my anticipated medical expenses for the next twelve months.

Applicant/Resident Signature

Social Security Number

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank"

TO BE COMPLETED BY THE DOCTOR/HOSPITAL/CLINIC/PHARMACY/ETC. WHERE EXPENSES ARE INCURRED:

SERVICES PROVIDED	MONTHLY COST	ANTICIPATED DURATION OF TREATMENT	YTD EXPENSES PAID BY PATIENT

Are any of these expenses paid by insurance? YES NO

Which expenses? _____ Insurance Co: _____

Does the applicant have outstanding bills that are still being paid? YES NO

If yes, amount owed and payment per month is? _____

COMMENTS: _____

Signature of Person Verifying Information Title Date

Please return this form to:

FAX _____

Phone _____

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, and any 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 \$5,000.00. 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).** Violations of these provisions are cited as violations of 42 USC Section **408 (a) (6) (7) and (8).**

**TDD NUMBERS: Michigan 800-649-3777
Wisconsin 800-947-3529**

Illinois 800-526-0857

**Ohio 800-877-8339
Indiana 800-743-3333**

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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