

Tenant Name:	Please answer only the question that most accurately describes the need for the non-prescription item(s).				Office Use Only			
	Description of Non-Prescription Item	This item is required for a specific medical condition	This item is <i>only</i> for overall wellness and/or general good health	Dosage	Frequency	Cost	Amount	Annual Cost
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the US 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 the information collected based on the consent form. Use of the information collected based on the 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 \$5000. 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 42 U.S.C. 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

I certify that the above information is true and correct.

Signature

Printed Name and Title

Telephone

Date

Verifications (5-16B)

“Verifications are valid for 120 days from the date of receipt by the owner. If the verifications are older than 120 days, the owner must obtain new verifications.” Medical deductions need to be re-verified during each certification.

Nutritional supplements, vitamins, herbal supplements, “natural medicines” (Exhibit 5-3)

“Do not include in medical expenses the cost of nutritional supplements, vitamins, herbal supplements, “natural medicines,” etc. unless they are recommended in writing by a medical practitioner licensed in the locality where practicing. Otherwise, these items are taken to maintain ordinary good health, and are not for medical care”

Personal Use Items (Exhibit 5-3)

“Do not include in medical expenses an item ordinarily used for personal, living, or family purposes unless it is used primarily to prevent or alleviate a physical or mental defect or illness. For example, the cost of a wig purchased upon the advice of a physician for the mental health of a patient who has lost all of his or her hair from disease, or incontinence supplies can be included with medical expenses.”

Non-Prescription Medicines (Exhibit 5-3)

“Aspirin and antihistamine are only allowed as a medical expense “if prescribed by a physician for a particular medical condition.”

“Do not include in medical expenses non-prescription medicines unless they are recommended in writing by a medical practitioner licensed in the locality where practicing. These items must be recommended as treatment for a specific medical condition diagnosed by a physician or other health care provider licensed to make a diagnosis in the locality where practicing.”

Acceptable Forms of Verifications (Appendix 3)

Acceptable forms of verification for medical expenses are either “written verification by a doctor, hospital or clinic, dentist, pharmacist, etc., of estimated medical costs to be incurred or regular payments expected to be made on outstanding bills which are not covered by insurance; or telephone or in-person contact with these sources, documented in the file by the owner.” Documents provided by the applicant or self-declaration are not acceptable means of verification.

Documenting Telephone Verification (5-18C)

“When verifying information by phone, the owner must record and include in the tenant’s file the following information:

- Third party’s name, position, and contact information;
- Information reported by the third party;
- Name of the person who conducted the telephone interview;
- Date and time of the telephone call.”