

**LOUDOUN COUNTY DEPARTMENT OF FAMILY SERVICES
HOUSING CHOICE VOUCHER DIVISION
102 HERITAGE WAY, NE, SUITE 103
LEESBURG, VA 20176
703-777-0353
703-737-8895 FAX**



VERIFICATION OF MEDICAL EXPENSES

This will authorize _____ (Doctor, Hospital, etc.) to release the information requested below regarding my medical expenses not covered by insurance.

Full Name (Please Print or Type)

Social Security Number

Signature

Street Address

Date

City State Zip

TO WHOM IT MAY CONCERN:

The individual named above is a resident/applicant for housing which has rents that are subsidized through the U.S. Department of Housing and Urban Development's Housing Choice Voucher Assistance Payment Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, expenses, and other information related to eligibility must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it in the enclosed, self-addressed envelope.

Meg Asaro, Housing Counselor
Ursula Brinkley, Housing Counselor
Christine Hillock, Housing Counselor
Tandi Hoffmann, Housing Counselor
Yasmina Turner, Bilingual Housing Counselor
Cyndy Wyrick, Housing Counselor
Antwaun Jackson, HCV Program Manager

Date

Type of service you provide to applicant (check all appropriate)

Physician and other health care professional care Dental Care Services of Health Care Facilities Prescription/Non-Prescription Medicines Eye, Hearing and other supplies and equipment Other

Projected cost of services during next 12 months which are not covered by insurance and will be paid by the applicant: \$_____

Monthly amount family has agreed to pay calculated on a twelve month basis: \$_____

Print Name

Telephone Number

Signature

Date

Title

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.