Pharmacy Verification – Over-the-Counter Medicines

«send_date»

Property: **«community»**

Re: «full_name»
«address_line1»
«address_line2»
«city» «state» «zip»

SS: «ssn»

«reference_name»
«reference_address_line1»
«reference_address_line2»
«reference_address_line3»
«reference_city» «reference_state» «reference_zip»

This person has applied for or already receives housing assistance. We are required to verify all information that is used in determining this person's eligibility or level of benefits. Your prompt return of this information is necessary to assure timely processing of the application or continuation of assistance. Please provide the following information and return to us in the provided self-addressed, stamped envelope. A consent to release this information can be found below or attached to this form. Thank you.

«mgmt_company»

Pharmacy Use Only

Does this customer purchase **over-the-counter medicine** on a regular basis? ☐ Yes ☐ No

If yes, how much does this customer spend per month approximately for over-the-counter medicines? **$ per month**

Additional Comments:_____

_____

_____

_____
Name and Title of Person Supplying the Information

_____
Agency Organization

_____
Signature

«reference_phone»
Phone #

_____
Date

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 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

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.

(P) _____ _____ **Please Return By: «return_date»**
«full_name» 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).**

Equal Housing Opportunity