

## Verification of Medical Expense Boulder County Homeownership Programs

This form is to verify medical expenses of all members of the household applying for participation in one or more of the programs that use the Boulder County Homeownership Program Common Application. This information will be used only to determine eligibility status. ***Please turn in a separate form for each verification*** (i.e. doctor, prescription, etc.)

**RELEASE** (to be completed by applicant)

I authorize the release of the requested information for \_\_\_\_\_ (patients name).

\_\_\_\_\_  
Sign name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient

**VERIFICATION** (to be completed by service provider)

Medical Services

This is to certify that the above listed patient anticipates \$\_\_\_\_\_ in out of pocket expenses over the next 12 months for services I provide. This includes co-pays and expenses not covered by insurance or medical assistance programs (i.e. Medicare/Medicaid, etc.)

\_\_\_\_\_  
Sign name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

Prescription Medications

This is to certify that the above listed patient anticipates \$\_\_\_\_\_ in out of pocket expenses over the next 12 months for prescription medication I provide. This includes co-pays and expenses not covered by insurance or medical assistance programs (i.e. Medicare/Medicaid, etc.)

\_\_\_\_\_  
Sign name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

We appreciate the prompt return of the requested information.

Email: [homeownership@bouldercolorado.gov](mailto:homeownership@bouldercolorado.gov)

Mail: Homeownership Program, City of Boulder, PO Box 791, Boulder, CO 80306

Questions: 303-441-3157