

## Emergency Rental Assistance Verification Form

This form must be completed by a knowledgeable professional to verify that the individual below has experienced increased medical expenses due to a severe illness, disability or a medical emergency involving the Head of Household, Spouse, or Co-Head.

This individual is a resident in Opportunity Home San Antonio's Public Housing Program and has requested emergency rental assistance. Opportunity Home must obtain verification of the need for assistance. Please do not disclose a diagnosis or any protected medical information.

### General Information

Individual Requesting Rental Assistance	Date of Birth
Address	Unit #

### Please Complete This Form and Return to:

**Staff:** Samuel Rodriguez, Assistant Director of Public Housing

**Phone/Fax:** (830)-398-1463

**Email:** samuel\_rodriguez@homesa.org

### This Section to be Completed by the Knowledgeable Professional

- 1 Do you verify that the individual requesting assistance has experienced an illness, disability, or other medical emergency?  
 YES     NO
- 2 If yes, please describe **what medical expenses have increased or if there has been a loss of wages (due to inability to work, etc.) that has impacted the individual's ability to pay rent.** Medical expense examples are hospital bills, purchases of medical equipment or medications, increased visits to doctors for physical therapy, etc.

### Certification Of Verifying Knowledgeable Professional

I hereby certify that I am considered a knowledgeable professional, which includes but is not limited to a person who is a doctor or other medical professional, part of a peer support group, part of a non-medical service agency, or a reliable third party in a position to know about the individual's illness, disability or medical emergency.

**By signing below, I certify that the information provided on this form is true and complete.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**License Type/Number (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

