



Application for Continued Occupancy

Declaration of Unreimbursed Medical Expenses

If the **Head of Household, co-head, or spouse is disabled, and/or 62 years of age or older** and has unreimbursed (not already paid for by someone other than yourself) medical or pharmacy expenses, please complete this form for each household member with medical or pharmacy expenses. You must submit verification of all unreimbursed medical and pharmacy expenses incurred during the last 12 months if they are expected to be an expense in the upcoming year. This includes copies of cancelled checks, receipts, or statements from an insurance company. Please submit a pharmacy printout for any un-reimbursed prescription payments you have made in the past 12 months.

Based on the above, is your household eligible for a Medical Expense Deduction?	Please check one	Frequency of Expense (monthly, yearly, etc.)	Check box confirming you included the supporting documentation
Do you have unreimbursed pharmacy expenses?	Yes No		
Do you pay a Medicare premium or pay for medical insurance?	Yes No		
Is any family member currently paying off past medical bills?	Yes No		