



Application for Continued Occupancy

Declaration of Unreimbursed Health and 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) health, medical and/or pharmacy paid expenses, please complete this form for each household member with health, medical and/or pharmacy paid expenses. You must submit verification of all unreimbursed paid 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, and/or statements from an insurance company reflecting payments made. 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 paid 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 ☐		☐