



Application for Continued Occupancy

Declaration of Unreimbursed Disability Expenses

If your family has an unreimbursed paid expense for attendant care (**home health aide for a disabled adult or baby-sitter for a disabled child aged 13 or older**) or medical equipment (such as a wheelchair) for a **household member who is disabled** and as a result of this expense, you or any household member were able to earn income from a job, you should complete this form. You must submit verification of any paid disability expenses incurred during the last 12 months. This may include a paid receipt for a wheelchair, ramp, adaptation to a vehicle, or special equipment to enable a blind person to read and write.

Based on the above, is your household eligible for a Disability Expense Deduction?		Yes ☐ No ☐	
Name of Disabled Household Member	Type of Expense	Who is enabled to work?	Check box confirming you included the supporting documentation
			☐
			☐
			☐