

**MEDICAL EXPENSE WORKSHEET**

**Instructions:** Please list anticipated medical expenses paid directly by the tenant that are not covered by insurance or are not reimbursable. Only expenses anticipated for the **next** 12 months can be counted.

*Allowable Examples: Ongoing prescription medication costs, scheduled surgery in the next year, insurance premiums paid out of pocket, anticipated dental work, etc.*

**Household member name:** \_\_\_\_\_

**Is the household member the head of household?**  Yes  No

**If No, name of head of household:** \_\_\_\_\_

Attach backup documentation for each amount listed in chart:

	<b>Source</b>	<b>Amount listed</b>	<b>Frequency</b>	<b>Annual Amount</b>
Medicare Insurance:				
Other Health Insurance:				
Prescription Medicines:				
Prescription Medicines:				
Prescription Medicines:				
Other:				
Other:				
<b>Total:</b>				

\_\_\_\_\_  
S+C REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE