

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:

| | Source | Amount listed | Frequency | Annual Amount |
|-------------------------|---------------|----------------------|------------------|----------------------|
| Medicare Insurance: | | | | |
| Other Health Insurance: | | | | |
| Prescription Medicines: | | | | |
| Prescription Medicines: | | | | |
| Prescription Medicines: | | | | |
| Other: | | | | |
| Other: | | | | |
| Total: | | | | |

S+C REPRESENTATIVE SIGNATURE

DATE