



Housing Choice  
Voucher Program

**THE PORCHLIGHT BUILDING**

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## MEDICAL EXPENSES DECLARATION

We are sending you this form because your household may be eligible to deduct medical expenses from your annual income. The purpose of this letter is to explain what Seattle Housing considers eligible out of pocket medical expenses and the process for reporting medical expenses. When calculating medical expense deductions, Seattle Housing looks at expenses that an eligible household has paid over the past twelve months in excess of 3% of the household's annual income within a twelve month period.

### IMPORTANT NOTE:

**Items or services that you have not yet paid for, that are covered by insurance, or that someone else paid for, are not eligible. You must only report the part of the medical expenses you paid for in the twelve month period listed below.**

***What twelve-month period of expenses is counted?*** Medical expenses will only be reviewed at admission and during your annual review by calculating what you have paid over the past twelve months. If your household experiences an increase or decrease in medical expenses between annual reviews, keep the records and report the expense during your next annual review.

***What are eligible Medical Expenses? (This list is not all inclusive.)***

### PRESCRIBED ITEMS:

INCLUDED	EXCLUDED	INCLUDED	EXCLUDED
Medication Medical supplies Medical equipment	Personal use items Illegal drugs Medicine and drugs from other countries Non-prescribed medicine	Hospitalization Inpatient addiction treatment Operations	Illegal operations and treatments

### INPATIENT:

### OFFICE VISITS:

INCLUDED	EXCLUDED	INCLUDED	EXCLUDED
Dental Physical Mental health Eye care Natural medicine Addiction treatment Co-pays	Cosmetic procedures Teeth whitening	Medicare premiums Health insurance premiums Prescription insurance Service animal expenses COPES co-pay Mileage to/from medical appointments	Car insurance Renter's insurance Supplements (Non-prescribed)

### MISCELLANEOUS :

Continued on other side

Head of Household: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**How to submit expenses at Annual Review:** List all your household's medical expenses paid in the past 12 months that were not paid by someone outside of your household on the chart below. Attach more paper if needed. Seattle Housing will review the chart to determine which expenses qualify for a medical deduction. You will not receive a deduction for expenses listed that are not considered qualifying medical expenses by Seattle Housing. If the chart is not completed then your expenses will not be deducted. Please do not submit documentation at this time. However, keep your documentation for at least one year in case of file review. If expenses are reported inaccurately or are unverifiable you may be responsible for any subsidy overpaid on your behalf.

**\*List expenses paid in the past 12 months only.** If you have questions, please contact your Certification Specialist.

HOUSEHOLD MEMBER	EXPENSE TYPE	PAYMENT(S) MADE TO	AMOUNT YOU PAID (circle how often)	DOCTOR / PRESCRIBER	SHA USE ONLY: USED?
Example:	Prescribed items (co-pays, etc.)	Pharmacy	\$ 45.00 Annually / <u>Monthly</u>	Dr. John Smith at Smith Clinic	Y / N
	Prescribed items (co-pays, etc.)		\$ Annually / Monthly		Y / N
	Office visits (co-pays, deductibles, etc.)		\$ Annually / Monthly		Y / N
	Inpatient (deductibles, payment plans, etc.)		\$ Annually / Monthly		Y / N
	Miscellaneous (health insurance premiums, etc.)		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N

I declare the expenses I have listed are accurate. I understand that Seattle Housing may request documentation such as third party verification or pharmacy history to confirm the amounts declared. I understand that if the expenses are inaccurate or unverifiable I will be responsible for any subsidy overpaid on my behalf.

\_\_\_\_\_  
Print Head of Household Name

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date