



Housing Authority of the City of Reno

Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta.

MEDICAL EXPENSE STATEMENT

The following items are considered medical expenses: insurance premiums; co-payments; prescription costs; lab fees; over the counter products prescribed by physician/health provider; dental, vision and hearing costs. All of these items must be paid by you and not covered by insurance or paid by someone else.

Please check the box that applies:

I certify that **no one** in my household has out of pocket medical expenses.

I declare that my household has out of pocket medical expenses.

a) Does any entity, including family or friends pay these medical expenses on your behalf?
_____ Yes _____ No If, yes please provide amount paid on your behalf.

I certify that the information I have given is true and accurate to the best of my knowledge. I understand that misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of my housing assistance.

Signature of Head of Household

Date

Printed Name

Client Number

WARNING: Title 18, Section 101, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

