

OLIVER MANAGEMENT SERVICES, INC.

PROFESSIONAL MANAGEMENT SERVICE

5713 GRAND AVENUE, SUITE B

DULUTH, MN 55807

(218) 628-0311 * FAX (218) 624-2235

PAST ONE-TIME, NON-RECURRING MEDICAL EXPENSE

 NAME _____ SOCIAL SECURITY NO. _____
 APT. # _____ BUILDING: _____

PLEASE INITIAL EACH OF THE FOLLOWING SHOWING THAT YOU AGREE TO EACH STATEMENT BELOW:

_____ 1. I CERTIFY THAT THIS EXPENSE DID NOT OCCUR PRIOR TO MY MOVING IN TO THIS PROPERTY

_____ 2. I UNDERSTAND THAT THIS CAN NOT BE COUNTED FOR BOTH A INTERIM AND A ANNUAL RECERTIFICATION

_____ 3. I CERTIFY THAT THIS CAN NOT AND WILL NOT BE REIMBURSED THROUGH AN INSURANCE AGENCY OR ANY OTHER AGENCY OR PERSON.

_____ 4. I CERTIFY THAT THIS IS A ONE-TIME, MEDICAL EXPENSE.

TENANT SIGNATURE

DATE

TYPE OF MEDICAL EXPENSE _____

AMOUNT OF MEDICAL EXPENSE \$ _____ *

*COPY OF RECEIPTS REQUIRED