

Bennington Housing Authority
Tenant/Applicant
Health Insurance Expense Form

To Whom It May Concern:

The person below is an applicant or current tenant with the Bennington Housing Authority. In order to properly calculate their rent/prospective rent, we need to include all monthly medical expenses, including medical insurance premiums.

Please complete this form and return it to me as soon as possible. If you have any questions please call me at: 802-442-8000. Thanks for helping us to make affordable housing available.

Sincerely yours,

Name of BHA representative: _____

Name of Tenant/Applicant: _____

Current Address of Tenant/Applicant: _____

Amount of medical insurance premium paid per month: \$ _____ /month

Name of person filling out this form: _____

Company Name: _____

Title of person filling out this form: _____

Date you filled out this form: _____

Signature: _____