

For Office Use Only Date: Rec. By: App #:

## Overhoused: Medical Deferral Request

You must complete all sections of the form.

NSPHA tenants who are overhoused may inform NSPHA of their need to defer the transfer process to remain in their unit to recover from a medical procedure. Tenants may use this form when a household member is:

- Scheduled for a medical procedure that will require a recovery period that would prevent them from moving
- Actively recovering from a medical procedure that prevents them from moving

## Information for Tenant(s)

Tenants requesting a medical deferral are required to continue to participate in the Overhousing process by completing and submitting the *Overhoused Tenant Transfer Form* and Building List.

When a suitable unit from the tenant's property selections becomes available:

- If the household member is in active recovery from a medical procedure, NSPHA will withdraw the offer and defer the housing offer process until after their recovery.
- If the household member is scheduled for an immediate procedure that will require a recovery period, NSPHA may withdraw the offer and defer the housing offer process until after their recovery.
- If the household member is not in active recovery or scheduled for an immediate procedure, the tenant will be required to accept or refuse the housing offer.

## Information for Medical Professionals

A *Medical Deferral Form* must be supported by a letter from the medical professional providing treatment to the household member.

The support letter must include:

- The household member's name
- Why the household member must remain in the current unit, such as upcoming treatment or active recovery
- Timelines for the household member's procedure and the recovery period
- The medical professional's letterhead or official stamp for verification purposes

**Important to know:** Tenants should submit a *Medical Deferral Request Form* as early as possible. Medical deferrals can only be considered if submitted prior to a housing offer.



1. Tenant Information		
Last I	Name:	First Name:
Tena	nt Code:	Overhoused Notification Date:
2. Medical Support Letter		
I have attached a letter from the medical professional providing treatment to myself or another household member to support this request for a medical deferral.		
3. Acknowledgement – Please read carefully		
The tenant, on behalf of their household, must acknowledge each statement below, sign and date this form before submission.		
By submitting this Medical Deferral Form, I understand that:		
	I am required to continue the Overhousing process by completing and submitting the Overhoused Transfer Tenant Form and a Building List with property selections for my household.	
	Submitting a <i>Medical Deferral Form</i> means that NSPHA will consider the information provided by the medical professional when there is a housing offer.	
	If a transfer offer is withdrawn due to a medical deferral, the deferral is temporary and my household will be required to transfer to a suitable unit following recovery.	
	If a transfer offer is made to a suitable unit from my selected properties and I am not in active recovery or scheduled for a medical procedure, I will move to that unit.	
	Tenant Signature	 