



Housing Plan: Goal Plan

HOUSEHOLD NAME: _____

DATE CREATED: _____

	Short term/ Long term	Target Date	Complete Date
Goal: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Goal: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Goal: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____
Step: _____	_____	_____	_____



Housing Plan: Services and Supports

HOUSEHOLD NAME: _____

Provider	Past Involvement	Current Involvement	Referral Desired	Referral Made	N/A
Emergency Pantry					
Public Housing Authority					
Baby Pantry					
WIC					
Social Security Administration					
Behavioral Health					
Intellectual Disabilities					
Veterans Assistance Office					
County Assistance Office					
Representative Payee					
Domestic Violence Services					
Independent Living Services					
Office of Vocational Rehabilitation					
Area Agency on Aging					
Transportation					
Early Intervention					
CCIS (Childcare assistance)					
Drug and Alcohol Services					
Family Unification Program/Foster Youth to Independence Initiative Voucher program (through PHA)					
Other					
Other					



Housing Plan: Crisis Plan

HOUSEHOLD NAME: _____

Emergency Situation

Immediate Response

Emergency Contact(s):

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

If thoughts of harming yourself or someone else Crisis @ _____

Domestic Violence Services @ _____

Other:



Housing Plan: Financial Subsidy Plan

HOUSEHOLD NAME: _____

DATE CREATED: _____

RE-ASSESSMENT DATE: _____

EXPECTED DURATION: _____

Grant funding for: ☐ Rent ☐ Utility ☐ Other

Payment disbursed to: _____

Payment mailing address: _____

Monthly Due date: _____

Account number: _____

			Agreed Terms		(office use only)	
	To be paid in Calendar month:	Total Amount Due	Grant contributes	Applicant contributes	Grant	App.
Arrears or Deposit Amount Due						
Monthly Payment 1 (possibly prorated)						
Monthly Payment 2						
Monthly Payment 3						

I understand that payment of the agreed upon subsidy(ies) to the landlord is dependent on availability of funding and potential income changes.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____

