**Housing Stabilization Plan** HoH HMIS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Plan  Update Date of Last Plan (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Plan**: To afford the rent and maintain the lease after program assistance ends (update/edit if necessary)

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| Strengths: |
| Primary barriers to housing access/stability: |
| Factors that led to participant’s homelessness: |
| People who provide participant with support (name & relationship): |

**Move-in Date (or target date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Monthly Rent Amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current Monthly Household Income**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Summarize achievements and any ongoing barriers related to goals from previous plan (if applicable): |

**Current Goals** (Based on strengths/barriers/household budget to move into housing, maintain the lease, and afford the rent):

|  |  |
| --- | --- |
| **Goal 1:** | **Target Completion Date:** |
| **Action Steps to achieve goal (note who is responsible – staff or participant):** | **Target Completion Date:** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| **Goal 2:** | **Target Completion Date:** |
| **Action Steps to achieve goal (note who is responsible – staff or participant):** | **Target Completion Date:** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| **Goal 3:** | **Target Completion Date:** |
| **Action Steps to achieve goal (note who is responsible – staff or participant):** | **Target Completion Date:** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

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| --- | --- |
| Staff Name: | Date: |
| Staff Signature: | Date: |
| Participant Signature: | Date: |
| Supervisor Signature: | Date: |