

**HOUSING STABILITY PLAN  
(Attach to Application)**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Objectives:

- a. Establish or maintain better maintain a stable living environment
- b. Reduce the risk of homelessness

**1. Review Participant Budget**

Total monthly income: \$ \_\_\_\_\_

Total monthly expenses (use table below) \$ \_\_\_\_\_

Rent	_____	Transportation	_____	Alimony/Child Support	_____
Gas	_____	Car Payment	_____	Credit Card	_____
Electric	_____	Car Insurance	_____	Eating Out	_____
Water/Sewer/Trash	_____	Car Repairs	_____	Cigarettes/Sodas/Snacks	_____
Phone	_____	Laundry	_____	Drugs/Alcohol	_____
TV/Internet	_____	Clothing	_____	Past Due Bills	_____
Groceries	_____	Medical Insurance	_____	Other	_____
Childcare	_____	Medications/Doctors	_____	Other	_____

**a) What has prevented your from saving money in the past?**

**b) What has helped you save money?**

c) How will you maintain your budget (increase income, decrease expenses, etc.) to keep your housing?

2. Identify Barriers to Housing Stability:

3. Emergency/Transitional Housing Goal: \_\_\_\_\_

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Steps/Objectives	Who (CM or CL)	Date to Complete
a)		
b)		
c)		
d)		

4. Permanent Housing Goal: \_\_\_\_\_

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Steps/Objectives	Who (CM or CL)	Date to Complete
a)		
b)		
c)		
d)		

5. Housing Stability Plan Follow-up (complete monthly after initial plan)

Follow-Up Date	Step Completed	Description/Comments

My signature below indicates my agreement with and commitment to this housing plan. I recognize that with my consent, my Housing Advocate/Case Manager may revise this housing plan over time.

**Program Participant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Housing Advocate/Case Manager** \_\_\_\_\_

**Date** \_\_\_\_\_