

**ESG 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: _____

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

4. Permanent Housing Goal: _____

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 _____