

**Housing Stabilization Plan
EMERGENCY SOLUTIONS GRANTS PROGRAM
HOUSING STABILIZATION PLAN**

Name:	Date of Plan:
	Review Date:
Address:	Program:
Date of Birth:	Rapid Re-Housing _____
Legal Status:	Homelessness Prevention _____

1. Assistance Received through ESG:

HOMELESS PREVENTION:

Rental Arrears- <i>One- time payment for up to (6) months of rental arrears</i>	Yes ___	Amount Received:
Utility Deposits	Yes ___	Amount Received:
Utility Payments	Yes ___	
Utility Arrears	Yes ___	

RAPID RE-HOUSING:

Short Term Rental Assistance (up to 3 months)	Yes ___	Amount Received:
		Duration:
Medium Term Rental Assistance (up to 12 months or exceeding more than 3 months)	Yes ___	Amount Received:
		Duration:

HOUSING RELOCATION STABILIZATION (Both Prevention and RRH):

Rental Application Fees	Yes ___	Amount Received:
Security Deposits (equal to no more than 2 months)	Yes ___	Amount Received:
Last Month Rent (may be paid at the time the owner is paid security)	Yes ___	Amount Received:
Utility Payments (up to 12 months)	Yes ___	Amount Received:
Moving Cost	Yes ___	Truck Rental Amount: Hiring Moving Company Amount: Temporary Storage Fees Amount (up to 3 months) Amount:

Housing Barriers:

Factors That Threaten Housing Stability:

Program Participant Strengths and Resources:

Objective 1:

What	Purpose	Person Responsible	Completion/Target Date

Objective 2:

What	Purpose	Person Responsible	Completion/Target Date

Objective 3:

What	Purpose	Person Responsible	Completion/Target Date

Objective 4:

What	Purpose	Person Responsible	Completion/Target Date

SERVICE NEEDS AND REFERRALS:

Employment	Yes ___	Referral agency or program:
Education	Yes ___	Referral agency or program:
Substance Abuse (drug or alcohol)	Yes ___	Referral agency or program:
Childcare services	Yes ___	Referral agency or program:
Other type of service (please specify)	Yes ___	Referral agency or program:

___ I agree with this Housing Stabilization Plan

Signature: _____

Title: _____

Date: _____