|  |  |  |
| --- | --- | --- |
| **Date:** |  | **Housing Stabilization Plan** |
| **Client Name:** |  |
| **Client Number:** |  |

What best describes events leading housing crisis:

|  |  |
| --- | --- |
| Eviction for non-payment  Due to loss of income  Due to medical crisis  Due to change in family  Due to rental increase  Due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Eviction for lease violation  Due to family member  Due to visitor’s damage /misconduct  Due to pet damage  Due to general damage  Due to criminal activity  Due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Absentee Landlord  Substandard Housing  Property sold/transferred  Property Condemned  Health/Safety  Domestic Violence  Mental Illness  Loss of Employment  Loss of Transportation  Loss of Income (impending eviction)  Loss of childcare  Utility Arrears/No Utilities  Gas  Electric  Water |

Identified Needs for Household:

|  |  |
| --- | --- |
| Income Stabilization  Benefits  Public Assistance  Food Stamps  SSI/D  UIB  Veterans  Disability  Employment Assistance  Under-employed  Credit Counseling  Legal Assistance  Case Management  Back Child Support/Alimony  Transportation | Counseling support  Mental health  Substance abuse  Domestic Violence  Other  Education/Vocational Training  E.I.T.C.  More affordable housing  Handicap accessible housing  Reduced phone plan (LifeLine)  Medical Insurance  Payee  Senior Services  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Briefly describe events that lead to housing crisis:

|  |
| --- |
|  |
|  |
|  |

Current Household Budget

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BRAP Financial Assistance Requested | Rental Subsidy of | | | % | for |  | | Months = | | $ |
| Utility Subsidy of | | | % | for |  | | Months = | | $ |
| Other Subsidy of | | |  | | | | |  | $ |
|  |  | | |  | | | | |  |  |
|  | | | | | | | | | | |
| Economic Plan/  Household Budget  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Household Income** *(do not include income of children <18 yrs old)* | | | | | | | | | |
| Earned/Benefit Net Income | | | | | | | | | $ |
| Child Support | | | | | | | | | $ |
| Alimony | | | | | | | | | $ |
| Other |  | | | | | | | | $ |
| **TOTAL Gross Income** | | | | | | | | | **$** |
|  | | | | | | | | | |
| **Household Expenses** | | | | | | | | | |
| Rent | | | | | | | | | $ |
| Gas/Heat Utility Cost | | | | | | | | | $ |
| Electric Utility Cost | | | | | | | | | $ |
| Water Utility Cost | | | | | | | | | $ |
| Food | | | | | | | | | $ |
| Phone (home and/or cell) | | | | | | | | | $ |
| Cable/Internet | | | | | | | | | $ |
| Personal Care | | | | | | | | | $ |
| Car Payments | | | | | | | | | $ |
| Car Insurance | | | | | | | | | $ |
| Credit Card(s) | | | | | | | | | $ |
| Medical Debt | | | | | | | | | $ |
| Savings Plan | | | | | | | | | $ |
| Other | | | | | | | | | $ |
| **TOTAL Household Expenses** | | | | | | | | | **$** |
|  | | | | | | | | | |
| **SUMMARY** | | | | | | | | | |
| **Total Gross Income** | | | | | | | | | **$** |
| **Total Expenses (LESS)** | | | | | | | | | **$** |
| **Surplus/Deficit** | | | | | | | | | **$** |
|  | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Month | Total Income | Total Expenses | Difference | | Initial |  |  |  | | 2nd-3rd |  |  |  | | 4th-5th |  |  |  | | 6th-7th |  |  |  | | 8th-9th |  |  |  | |  |  |  |  | | | | | | | | | |  |
|  | |  | | | |  | | | |

Action Plan

|  |  |
| --- | --- |
| **Date:** |  |
| **Client Name:** |  |
| **Client Number:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area** | **Current** |  | **Action** |  | **Target Date** |
| **Income** |  |  |  |  |  |
| **Housing Subsidy** |  |  |  |  |  |
| **Educational/Vocational** |  |  |  |  |  |
| **Employment** |  |  |  |  |  |
| **Medical** |  |  |  |  |  |
| **Counseling**  **MH/SA**  **Credit**  **\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

|  |  |
| --- | --- |
| Client Signature: |  |
| Date: |  |
| Telephone Number: |  |
| Case Manager Signature: |  |
| Date: |  |

Agency: LT. COL. MATT URBAN HUMAN SERVICES OF WNY

CATHOLIC CHARITIES