|  |  |  |
| --- | --- | --- |
| **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 BudgetDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **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