

90-Day Housing Stability Plan

Participant Name: _____

Case Manager Name: _____

Date: _____

PURPOSE OF THIS PLAN:

Initial Housing Plan Re-evaluation of housing plan

Summary	
Household monthly income	
Household monthly non-housing expenses	
Total unit rent	
Target date for tenant to be able to pay the full rent for the unit (at most 90 days from today)	

Strategies to Increase Income			
Target income to pay full rent			
Top 3 Goals for increasing income	Action Steps	Person Responsible	Date to be Completed

<p>What areas of strength will you draw on to minimize barriers and meet your goals (ex: Family/Friend support, Degrees/Certifications, Skills, Interests, Religion, Past Experiences, Etc.)? What are you good at?:</p>			
<p>Strategies for reducing expenses</p>			
<p>Target expense reduction to pay full rent</p>			
<p>Top 3 goals for reducing expenses</p>	<p>Action Steps</p>	<p>Person Responsible</p>	<p>Date to be Completed</p>

<p>What areas of strength will you draw on to minimize barriers and meet your goals (ex: Family/Friend support, Degrees/Certifications, Skills, Interests, Religion, Past Experiences, Etc.)? What are you good at?:</p>			
<p>Other strategies to be able to pay full rent</p>			
Top 3 goals	Action Steps	Person Responsible	Date to be Completed
<p>What areas of strength will you draw on to minimize barriers and meet your goals (ex: Family/Friend support, Degrees/Certifications, Skills, Interests, Religion, Past Experiences, Etc.)? What are you good at?:</p>			

Participant Signature _____

Staff Signature _____

Copy Provided to Participant (date) _____