

## HOUSING ACTION PLAN (HAP)

(Please Print)

Person's Name: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Authorized Representative: \_\_\_\_\_ Housing Coordinator: \_\_\_\_\_

Appt Date and Time: \_\_\_\_\_

**Type of Resources / Information Requested:** (Please check applicable boxes)

Rental	<input type="checkbox"/>	Credit and Budget Counseling	<input type="checkbox"/>	Affordable Housing Workshops	<input type="checkbox"/>
Homebuying	<input type="checkbox"/>	Foreclosure Prevention	<input type="checkbox"/>	Housing Resources, Vouchers, or Subsidies	<input type="checkbox"/>
Homeowner	<input type="checkbox"/>	Accessible Housing	<input type="checkbox"/>	Reasonable Modifications and Accommodations	<input type="checkbox"/>

**Budget Assessment Summary** (you can use your budget form):

Sources of Income	Monthly Income (gross/ before taxes)	Total Monthly Debt (Expenses)

**Goals:**

1)

2)

**Obstacles to Achieving Goals:**

1)

2)

**Strategies to assist with Overcoming Obstacles:**

1)

2)

**Tasks Assigned:**

1)

2)

**TimeLine /Follow-up:**

Follow-up Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Housing Coordinator's Signature: \_\_\_\_\_ Date \_\_\_\_\_ Email: \_\_\_\_\_

Person's (or Guardian's )Signature: \_\_\_\_\_ Date \_\_\_\_\_