HOMELESS/TRANSITIONAL REPORT

List all homeless set-aside or transitional households served by the property during

Year

Property Name: _____ OID # _____

Unit #	Resident/Household Name	Date Services Began	Currently Receiving Services?		Date Services Ended	Reason Services Ended
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		
			🗌 Yes	🗌 No		

If you need to create another page, copy and paste the fields above. The first page of this report should be on agency letterhead.

I,(Print Name of Representative	, certify that the above information is true and correct to the best of my knowledg				
Signature of Representative	Title	Name of Agency	Date		
Phone Number:	Email:				
Note: Owners may have service	e provider fill out this rep	port form, or provide a similar repor	t from the		

service agency as long as all requested information is included.

* Any household initially qualifying as homeless counts toward the Homeless Set-Aside Commitment for as long as the household remains in the project. We request this information in order to gather statistics on who is benefiting from and using supportive services in conjunction with housing.