Place on service Providers Letterhead

HOMELESS/TRANSITIONAL REPORT

ist all homeless set-aside or transitional households served by the property during								2005 Year		
Property	y Name:							o	ID#	
Unit #	Resident/Household Name	Date Services Began	Currently Receiving Services?				g	Date Services Ended	Reason §	Services Ended
101	Jones, Tammy	10/00/04		Yes		X	No	02/10/05	Moved out	
09*	Samuels, Harry	01/00/05		Yes		X	No	07/00/05	Services no	o longer needed
205	Thomas, Paul	02/05/05	\boxtimes	Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
				Yes			No			
(Prin	If you need to crea The first page of , cer t Name of Representative)	<mark>of this repo</mark> i	rt s	hould l	be	0	<mark>n ager</mark>	<mark>ncy letterhea</mark>	ad.	st of my knowled
Signature of Representative		Title					1	ame of Agency		Date
Phone Number: E		Email:								

Note: Owners may have service provider fill out this report form, or provide a similar report from the service agency as long as all requested information is included.

Date: 8/21/2007

^{*} 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.