

Homeless Intervention Program Quarterly Report- Fiscal Year 2009

Grantee Name: _____

Grant Number: _____

Quarter: _____

Person completing Report: _____

Email: _____

Telephone: _____

***TANF-eligible Households: ANY household with children at or below 200 percent of Federal Poverty Guidelines
Department of Health and Human Services**

	TANF*	All Other Households	Total
1. Total number of new cases/households opened this quarter (to include non-financial support cases) **			0
2. Total number of <u>individuals</u> in all new cases opened this quarter (to include non-financial support cases)			0
3. Total number of new cases receiving financial assistance			0
4. Total number of <u>individuals</u> in households of new cases receiving financial support			0
5. For number of new cases receiving financial support			
Number receiving mortgage assistance			0
Number receiving rental assistance (to include start-up utility and/or security deposit)			0
Total	0	0	0
6. Total number of <u>individuals</u> in households of new cases receiving financial support this quarter			
Number receiving mortgage assistance			0
Number receiving rental assistance (to include start-up utility and/or security deposit)			0
Total	0	0	0
7. Race of head of households of new cases			
White			0
Black/African American			0
Black/African American & White			0
Asian			0

American Indian/Alaska Native			0
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American Indian/Alaska Native & White			0
Asian & White			0
American Indian/Alaska Native & Black/African American			0
Native Hawaiian/ Other Pacific Islander			0
Other Multi-Racial			0
Total for quarter	0	0	0
8. Hispanic head of household			
Yes			0
No			0
Total Hispanic head of household	0	0	0
9. Number of new households with veterans as member of household			
			0
10. Ages of all persons in this quarter's new households			
0-4			0
5-12			0
13-17			0
18-61			0
62 or older			0
Total for quarter	0	0	0
11. Employment status of head of household in this quarter's new cases upon entering into the program			
Full time			0
Part time			0
Laid Off			0
Retired			0
Disabled			0
Not working			0
Total for quarter	0	0	0
12. Number of new households by household income (totals should agree with totals in #1)			
None			0
Below 30% AMI			0
Between 31 and 80% of AMI			0
Total for quarter	0	0	0
13. Living arrangements of new households upon entering into the program			
Own home or mobile home			0
Rent house or apartment			0
Unsheltered			0
Living in emergency shelter for homeless			0
Living in domestic violence shelter			0
Living in transitional housing			0
Other living arrangements			0

Total for quarter	0	0	0
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14. Households denied financial assistance this quarter due to lack of funds			0
15. Number of households exited from the program this quarter			0
16. Status of households exited this quarter			
Was able to maintain current permanent housing			0
Was able to gain safe, affordable and permanent housing			0
Unable to meet expectations of the program			0
Other/Unknown			0
Total for quarter	0	0	0
17. Total number of months of rental assistance provided for clients exited from the program			0
18. Total number of months of mortgage assistance provided for clients exited from the program			0
19. Accomplishments with terminated families (Households may be counted in more than one category)			
Provided budgeting and/or housing counseling			0
Insured household had a reliable & steady income source covering living expenses			0
Other accomplishments: (Detail in an attachment)			0
Total for quarter	0	0	0
20. Amount of financial assistance provided			
Rental			\$ -
Mortgage			\$ -
Rent Deposit			\$ -
Utility Deposit			\$ -
Recording fees			\$ -
Total assistance	\$ -	\$ -	\$ -

21. Amount of loan collections			
Loans collected			\$ -
Loan funds used for administrative costs			\$ -
Loan funds used for client services			\$ -
Loans written off			\$ -
22. Committed/ Obligated housing assistance (rental and mortgage)			\$ -

Reports are due by: October 10, 2008 (for reporting period 7/1/08-09/30/08), January 10, 2009 (for reporting period 10/1/08-12/31/08), April 10, 2009 (for reporting period 01/01/09- 03/31/09) and July 10, 2009 (for reporting period 04/01/09-06/30/09)

Submit reports electronically to HSNH@dhcd.virginia.gov and cc DHCD Program Administrator

Important Notice: Please do not make copies of the worksheet, as it will remove the protection on certain fields and cause errors in future months. To keep the original form, just "save as" using agency name-HIP (quarter). An example is Agency-HIP-2nd Quarter 2009. This will allow you to reuse the original version each month. Another option is to download a new form each month from www.dhcd.virginia.gov.

DHCD Use Only: Received: Program Administrator: Processed:

es as set by the

**** On July 1, 2008
all current cases
are considered
NEW for fiscal year
2009**

(should equal #3)

(should equal #4)

(should equal #1)

(should equal #1)

(should equal #2)

(should equal #1)

(should equal #1)

(should equal #1)

(should equal #15)

period 10/01/08-
1/09-06/30/09)

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