

**HOUSING COUNSELING SERVICES, INC.
Individual Housing Plan (IHP)**

Applicant Name: _____

Primary Case Manager Name: _____

Primary Case Manager's Agency: _____

Applicant's Barriers to Stable Housing	Applicant's Tasks to Overcome Housing Barriers	Case Manager's Tasks to Overcome Housing Barriers
1) _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
2) _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
3) _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

Applicant Signature: _____

Date: _____

Primary Case Manager: _____

Date: _____