INDIANHEAD COMMUNITY ACTION AGENCY (ICAA)

CSBG HOUSING & UTILITY STABILITY PLAN

To be completed with the applicant as part of the CSBG assistance process

1. APPLICANT & ASSISTANCE INFORMATION

Applicant Name: _____	Date: _____
Household Size: _____	County: _____
Type of Assistance Requested: ☐ Rent/Mortgage ☐ Electric ☐ Heat ☐ Water/Sewer ☐ Other: _____	Amount Requested: $_____

2. WHAT CAUSED THE CURRENT HOUSING OR UTILITY CRISIS?

Briefly describe what happened and why assistance is needed now (for example: reduced work hours, unexpected expense, loss of income, high seasonal utility bill, vehicle/transportation cost, change in household circumstances, etc.):

_____

_____

_____

3. MONTHLY HOUSING / UTILITY PICTURE

Item	Regular Monthly Amount	Past-Due Amount (if any)
Rent/Mortgage	$_____	$_____
Electric	$_____	$_____
Heat/Gas	$_____	$_____
Water/Sewer	$_____	$_____
Other essential housing cost	$_____	$_____

4. PLAN FOR MAINTAINING HOUSING / UTILITIES

After this assistance is provided, how does the household plan to keep the regular housing and/or utility expense current?

_____

_____

_____

Expected source(s) of ongoing payment (check all that apply):

☐ Employment income ☐ Social Security/SSI/SSDI ☐ Child support ☐ Unemployment ☐ Other benefits ☐ Other: _____

5. ACTION STEPS

Select the steps that may help improve ongoing stability. Only select steps that are appropriate to this household.

☐ Contact landlord/mortgage company or utility provider regarding a payment arrangement
☐ Apply for or follow up with Energy Assistance or other eligible benefits
☐ Enroll in budget billing or another utility payment program, if available
☐ Review household budget and identify expenses that may be reduced or adjusted
☐ Address employment/income needs or connect with employment resources
☐ Address transportation or childcare barriers affecting household income
☐ Connect with another community resource or partner
☐ Other: _____

6. CLIENT ACTION PLAN

Action I will take	Target date	Resource/Support needed

☐ Energy Assistance ☐ FoodShare/benefits ☐ Employment services ☐ Budgeting/financial education ☐ Housing resources

7. ICAA REFERRALS / SUPPORTS OFFERED

☐ Child support services, when applicable ☐ Other community partner/resource: _____

Notes / referrals made:

_____

_____

8. CLIENT ACKNOWLEDGMENT

I participated in developing this plan and understand that its purpose is to identify practical steps and resources that may help my household maintain housing and/or utility stability. I understand that completing this plan does not guarantee approval of CSBG financial assistance. Assistance decisions are based on eligibility, documented need, allowability of the requested service, available funding, and ICAA program procedures.

Applicant Signature: _____ Date: _____

ICAA Staff: _____ Date: _____

Staff use: This plan is intended to support individualized service planning and documentation. Action steps should be reasonable and responsive to the household's circumstances.