

PART 2 HOUSING HISTORY

	Month # 1	Month # 2	Month # 3	Month # 4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12	
Mo./Yr.	(Current Month)												
Location <i>Check all that Apply</i>	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type <i>Check One (Except Self-Cert. select both)</i>	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head	<input type="checkbox"/> HMIS Form 101 <input type="checkbox"/> Form 102 <input type="checkbox"/> Form 103 <input type="checkbox"/> Form 105 <input type="checkbox"/> Form 106 <input type="checkbox"/> Form 107 <input type="checkbox"/> Doc. on letter head
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Break Mo./Yr. & Descr. Or N/a	Break 1: Break 2: Break 3: If there are additional breaks please detail and attach.
NOTES	
Self-Cert. Check	Does the documentation include more than 3 months of Self Certification* <input type="checkbox"/> Yes <input type="checkbox"/> No *Please be advised that if you answered YES , that at least 75% of household assisted by a recipient project during an operating year, no more than 3 months can be self-certified. Please check with your project administrator to ensure your project has not exceeded its self certification cap.