

**Portable Housing Benefit
Monthly Reporting Form**

Service Provider: _____

Month: _____

Case#	Surname	Given Name	Address	Approval Date*	Actual Rent	EIA Shelter Allowance	PHB Amount	Payment Method	Benefit Start Date*	Benefit End Date*	Ineligible Date*	Ineligible Reason	PHB Worker
1							\$0.00						
2							\$0.00						
3							\$0.00						
4							\$0.00						
6							\$0.00						
7							\$0.00						
8							\$0.00						
9							\$0.00						
10							\$0.00						
11							\$0.00						
12							\$0.00						
13							\$0.00						
14							\$0.00						
15							\$0.00						
16							\$0.00						
17							\$0.00						
18							\$0.00						
19							\$0.00						
20							\$0.00						
21							\$0.00						
22							\$0.00						
23							\$0.00						
24							\$0.00						
25							\$0.00						

Payment Method:
CL - Client
SP - Spouse
LL - Landlord

***Date Format:** YYYY-MM-DD

Ineligible Reasons:
DC - Deceased
EB - Eviction - behaviour problems
ER - Eviction - non-payment of rent
HP - Health Plan only (EIA)

IA - No longer on EIA
LP - Left province
LR - Left region
MH - No longer on EIA as MH disability)

NS - No Supports (client refused)
PH - Public (MB) Housing (moved)
VC - Vacated rental unit (>30 days)
OT - Other reason

<u>Monthly Summary</u>
In Pay:
Approved:
Remaining:
Total: