Attachment N

## HOUSING ASSISTANCE PAYMENT LIST Program Year \_2022\_\_\_\_

Participant Name	Case Manager	Housing Assistance Monthly Amount	Maximum Amount Allowed for Assistance	Date Approved	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Housing Amount Remaining
																	\$0.00
																	\$0.00
																	\$0.00
																	\$0.00
																	\$0.00