NORTH DAKOTA housing FINANCE AGENCY

# QUARTERLY CLIENT CHECK IN REPORT

PLANNING AND HOUSING DEVELOPMENT DIVISION

SFN 61519 (03/23)

| | |
|---|---|
| Participating Care Coordination Agency (PCCA) | |
| Provider Name | |
| Telephone Number | Email Address |

| | | | |
|---|---|---|---|
| Client First Name | Client Last Name | | |
| Address | City | State | ZIP Code |
| Telephone Number | Email Address | | |

| |
|---|
| Date of In-Person Visit |

| |
|---|
| ☐ Any Tenancy Issues Identified<br>☐ No (report complete) ☐ Yes, List: |
| Did these issues lead to contact with the Landlord?<br>☐ No ☐ Yes |
| Provide a description of how the issues will be addressed |

| | |
|---|---|
| Provider Signature | Date |

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