

# HOUSING SUMMARY REPORT

(To be completed and brought to Chapter Meeting each month)

Month: \_\_\_\_\_ Name of House: \_\_\_\_\_ Capacity: \_\_\_\_\_

House President: \_\_\_\_\_ House Meetings Day/Time: \_\_\_\_\_

Vacancies: \_\_\_\_\_ # of Applications Received: \_\_\_\_\_ # Admitted Members: \_\_\_\_\_

# of Admitted Children: \_\_\_\_\_ # of Members with OUD: \_\_\_\_\_

DEPARTURES: - Relapses: \_\_\_\_\_ Voluntary: \_\_\_\_\_ Other Causes: \_\_\_\_\_

Total Number of Members at the End of Month: \_\_\_\_\_

Total Number of Children at the end of the Month: \_\_\_\_\_

Names of those who relapsed: (please include any departures who still owe money, the amount and the reason E.E.S. (Equal Expense Shares/ dues, fines, etc. ).

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Amount in Checking: \_\_\_\_\_ Amount in Savings: \_\_\_\_\_ Amount in Petty Cash \_\_\_\_\_

Number of Current Members owing E.E.S.: \_\_\_\_\_ Total Outstanding E.E.S. \_\_\_\_\_

Total number of unpaid bills: \_\_\_\_\_ What bills are unpaid: \_\_\_\_\_

Chapter Loan: Loan Payment # \_\_\_\_\_ Date Due: \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Amount of Contribution to World Services: \_\_\_\_\_

Monthly Audit Attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Vacancies Updated on Website: Yes: \_\_\_\_\_ No: \_\_\_\_\_

House Email Account Checked: Yes: \_\_\_\_\_ No: \_\_\_\_\_

House Answering Machine/Voicemail Checked Daily: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have All Houses Members Read & Filled Out New Comers Packets: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have All House Members Received Overdose Prevention Training: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments (how is your House doing: AA/NA Attendance, Conflicts, Contracts, Etc...)

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Signature and Title: \_\_\_\_\_