New York State
Office of Alcoholism and Substance Abuse Services
Permanent Supportive Housing

FURNISHINGS AND EQUIPMENT INVENTORY

Provider:		**Site Address/Apt No:**		
Tag No.	**Item Description**	**Date Purchased**	**Date Discarded**	**Staff Name**

I acknowledge that the above inventory is complete and accurate and that all furnishings and equipment are the property of:

_____
(Name of Provider)

_____
Signature of Tenant and Date