

2026 Housing Inventory Count (HIC)

Housing Inventory Count Survey Instructions

2026 Housing Inventory Count (HIC) Survey

All surveys must be submitted by 11:59 PM on Friday, February 20, 2026.

History

Every year, the U.S. Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to count its housing inventory on the same night as the annually required Point-in-Time (PIT) count. This year, the count took place on the night of **January 22, 2026**.

The accuracy and response rate of this survey contribute to Chicago's overall competition for annual federal funding and Chicago's ability to acquire new resources to serve the homeless.

Instructions

This survey is required to be completed by all agencies and projects that have beds and units dedicated to serving homeless persons (regardless of funding source), and for permanent housing projects, dedicated to people who were homeless at entry.

All HIC surveys must be submitted via Alchemer. Paper/PDF copies will not be accepted.

If you have questions regarding this survey or about the Chicago Homelessness Management Information System (HMIS), please contact the Help Desk by emailing helpdesk@allchicago.org.

The HIC Process Overview

This survey will ask projects to verify data found in the **2026 Housing Inventory Count Reference Table** helpdesk article. Providers will complete questions relating to the following elements of your project:

- Project Information
- New or Under-development Inventory
- Project Type
- Target Population
- Units (Funded, Over-capacity, Total)
- Beds (Funded, Over-capacity, Total)
- Emergency Shelter Beds (Emergency Shelter Projects only)
- HMIS Participation
- Unit / Bed Occupancy (Non-Participating Projects only)

Login - HIC Information

We have created the **2026 Housing Inventory Count Reference Table** which will show each project's summary as it is currently in HMIS. The **username and password** are the HMIS ID associated with the Project.

Username: HMIS Project ID

Password: HMIS Project ID

Section 1: Project Information

Project HMIS ID *

Project Name *

1.

Contact Information *

First Name

Last Name

Title

Email Address *

Phone Number

Secondary Contact (please indicate a separate individual)

First Name

Last Name

Title

Email

Phone Number

2.

What is the Operating Start Date for this project?

*Please provide the month, date and year (mm/dd/yyyy) in which the project first started serving clients. **



3.

Enter the Housing Type for this project.

For Clustered, Multiple Sites, and Scattered Sites projects: Please enter the complete address (including zip code) where the majority of beds & units are located OR the agency's complete mailing address.

Domestic Violence - Victim Service Providers (VSP) ARE NOT required to provide address information, however, the project must include a zip code.

*

- Site-based/single site Address (include zip code):

- Site-based/clustered-multiple sites Address (include zip codes):

- Tenant-based/scattered sites (include zip codes):

- Domestic Violence - Address Confidential (only zip codes)

4.

Does this project receive any of the following funding sources?

(Select all that apply.)

For each funding source you select, enter the most recent funding identification number.*

HUD: CoC - Homelessness Prevention

HUD: CoC - Permanent Supportive Housing

HUD: CoC - Rapid Re-Housing

HUD: CoC - Supportive Services Only

HUD: CoC - Transitional Housing

HUD: CoC - Safe Haven

HUD: CoC - Single Room Occupancy (SRO)

HUD: CoC - Youth Homeless Demonstration Program (YHDP)

HUD: CoC - Joint Component TH/RRH

HUD: CoC - Builds

HUD: ESG - Emergency Shelter

HUD: ESG - Homelessness Prevention

HUD: ESG - Rapid Re-Housing

HUD: ESG - Street Outreach

HUD: ESG - RUSH

HUD: Unsheltered Special NOFO

HUD: Rural Special NOFO

HUD: Pay for Success

HUD: HOPWA - Hotel/Motel Vouchers

HUD: HOPWA - Housing Information

HUD: HOPWA - Permanent Housing (facility based or TBRA)

HUD: HOPWA - Permanent Housing Placement

HUD: HOPWA - Short-Term Rent, Mortgage, Utility assistance

HUD: HOPWA - Short-Term Supportive Facility

HUD: HOPWA - Transitional Housing (facility based or TBRA)

HUD: Public and Indian Housing (PIH) Programs

HUD: HUD/VASH

HUD: PIH (Emergency Housing Voucher)

HUD: HOME

HHS: PATH - Street Outreach & Supportive Services Only

HHS: RHY - Basic Center Program (prevention and shelter)

HHS: RHY - Maternity Group Home for Pregnant and Parenting Youth

HHS: RHY - Transitional Living Program

HHS: RHY - Street Outreach Project

HHS: RHY - Demonstration Project

VA: CRS Contract Residential Services

VA: Grant Per Diem - Bridge Housing

VA: Grant Per Diem - Low Demand

VA: Grant Per Diem - Hospital to Housing

VA: Grant Per Diem - Clinical Treatment

VA: Grant Per Diem - Service Intensive Transitional Housing

VA: Grant Per Diem - Transition in Place

VA: Grant per Diem - Case Management/Housing Retention

VA: Community Contract Safe Haven Program

VA: Supportive Services for Veteran Families

DFSS: Chicago Department of Family and Supportive Services

IDHS: Illinois Department of Human Services

Donations

Other - Write In

*

This Project Receives No Funding

You indicated the project receives HUH: CoC - Joint Component TH/RRH funding.

Please enter the HMIS ID number of the respective TH or RRH project connected

Please provide the Start Date for when the selected Funding Sources started. Please use the following format : (Funding Source)(Start Date) *

Section 2: Inventory in Development

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The following section asks about New and Under Development Beds and/or Units.

If your project's capacity increased in beds and/or units from February 1, 2025 to January 22, 2026; the inventory will be considered as "Current".

Current Beds/Units: Your current beds are available for occupancy on the night of January 22, 2026.

Under Development Beds/Units: Any beds and/or units that are fully funded in FY26 and will be available for occupancy on or after January 23, 2026

5. Will this project have new, fully funded Beds and/or Units ready for occupancy on or after January 23, 2026? *

- Yes - Our project will have new fully funded Beds and/or Units that are not currently available for occupancy but will be available on or after January 23, 2026.
- No - Beds and/or Units are current.

You indicated this project will have new, fully funded Beds and/or Units that will be ready for occupants on or after January 23, 2026.

Please record the total number of new Beds and/or Units below. *

Number of Beds in development

Number of Units in development

Beds and units in development should not be included in the upcoming Bed and Unit sections (5-6). Sections 5-6 should only include beds and units available on January 22nd, 2026

Section 3: Project Type

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The Project Types included in the HIC, as identified in the most recently published HMIS Data

Standards are:

- A. Emergency Shelter - Entry Exit
- B. Emergency Shelter - Night by Night
- B. Transitional Housing (TH)
- C. Safe Haven (SH)
- D. Permanent Housing (PH)
 - 1) Permanent Supportive Housing - disability required for entry (PSH)
 - 2) Rapid Re-housing (RRH)
 - 3) Other PH (OPH) – combines two project types from the HMIS Data Standards:
 - PH – Housing with Services (no disability required for entry); and
 - PH – Housing Only

Project Type Descriptions Article

Please carefully go through all the funding information available for your project to ensure that the right project type is selected.

This section is important to complete. Depending on the Project Type selected, the survey will populate additional questions needed for the HIC.

6.

Project Type

Please select the appropriate HUD project type for your project:

(For projects that are not receiving funding from HUD, an appropriate project type must be selected.) *

- Emergency Shelter - Entry Exit
- Emergency Shelter - Night by Night
- Transitional Housing
- Safe Haven
- PH - Permanent Supportive Housing (disability required for entry)
- PH - Rapid Re-Housing
- PH - Housing with services
- PH - Housing only

Section 4: Target Population

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The following section is designed to identify projects who have HUD Target Populations. In order for projects to indicate a HUD Target Population, they must meet the following requirements:

1. The project intends to serve that specific population
2. At least three-fourths (75%) of the clients served by the project fit the target group descriptor.

Only one descriptor can be selected for the HUD Target Population per project. If this project doesn't target a specific population, please select N/A.

Target Population

- DV: Survivor of Domestic Violence
- HIV: Persons with HIV/AIDS
- N/A: Not Applicable - Project does not have a HUD Target Population

7. Please select the correct Target Population for this Project. *

- DV: Survivor of Domestic Violence
- HIV: Persons with HIV/AIDS
- N/A: Not Applicable - Project does not have a HUD Target Population

You indicated that you are a DV Service Provider. Please select what comparable data base your agency/project is using. *

- InfoNet
- Other - Write In (Required)

Section 5: Units

Section 5: Units

The following section asks about units within this Project. Please review to ensure the total includes all available units in **this project**.

For the HIC, please review the following definitions when referring to a **UNIT**.

Unit: A unit is intended to be separated living quarters. This could be a single room with separate living quarters or an apartment. Units should be viewed as the count of households that can be served. If the project is serving **Single** clients then the Unit and Bed inventory Must be 1:1

Funded Unit: Please indicate the total funded number of units available and the project's funding source.

Total Unit Inventory: The number of funded units and over-capacity units will equal the total unit Inventory.

Units added in questions 10-12 **must** equal the total Units added in question 9

8.

Total Number of Units *

9.

Number of Units reserved for households with at least 1 adult and 1 child (Family Units) *

10.

Number of Units reserved for single adult households (**Singles) ***

11.

Number of Units reserved for child-only households (**Minors) ***

12. Did this project's Unit Inventory change from what was reported on the Housing Inventory Count Reference Table ?

*

Yes

No

Please provide an explanation for your project's Unit Inventory change. *

Section 6: Beds

13.

Total Number of Beds *

14.

Number of beds reserved for households with at least 1 adult and 1 child (Family Beds) *

15.

Number of beds reserved for single adult households (Singles) *

16.

Number of beds reserved for child-only households (Minors) *

17. Of the Total Beds reported, are any beds dedicated to the following three subpopulations: Individuals experiencing Chronic Homeless, Veterans, and Youth?

All beds funded by HUD or another Federal Partner dedicated to the listed subpopulations below must be reported as Dedicated Beds:

- **Any Other Veterans**
 - The number of beds that are dedicated to housing Veterans experiencing homelessness and their household members.
- **Any Other Youth**
 - The number of beds that are dedicated to youth-led households (persons up to age 24) experiencing homelessness and their household members.
- **Any Other Chronically Homeless (PSH Only)**
 - The number of beds that are dedicated to housing persons experiencing chronic homelessness and their household members.

The total dedicated bed count (cumulative total of the following dedicated bed questions) should not exceed the total bed count for question 14 on the survey.

If the cumulative total of dedicated beds for the following questions is less than the total bed count for question 14 then the remaining beds will be considered "Non-dedicated beds" *

- Yes
- No

18.

Please report if your project has any Youth Dedicated Beds. Indicate '0' if not applicable. *

Beds Dedicated to Youth

Single Individuals

Households with At Least 1
Child and 1 Adult

19.

**Please report if your project has any Veteran Dedicated Beds.
Indicate '0' if not applicable. ***

Beds Dedicated to Veterans

Single Individuals

Households with At Least 1
Child and 1 Adult

20.

**Please report if your project has any Chronic Homeless Dedicated
Beds. Indicate '0' if not applicable. ***

Beds Dedicated to Chronic Homeless

Single Individuals

Households with At Least 1
Child and 1 Adult

21. Did this project's Bed Inventory change from what was reported on the Housing Inventory Count Reference Table ?

*

Yes
 No

Please provide an explanation for your project's Bed Inventory change. *

Section 7: Emergency Shelter Beds (ES types only)

22.

Did your project's bed availability change during 2025? Meaning, did you alter the number of year-round or seasonal beds?

*

Yes
 No

23.

Did your project's bed type change during 2025 ?

Single Beds vs Family Beds *

- Yes
- No

24.

Did your project's number of overflow beds change during 2025 ? *

- Yes
- No

You indicated the Bed Availability has changed, please record the correct Bed Availability.

Year-Round Beds: Year-round beds are available on a year-round basis.

Seasonal Beds: Seasonal beds are not available year-round, but instead are available on a planned basis, with start and end dates, during an anticipated period of higher demand.

Please identify only the total number of seasonal beds available for occupancy on the night of the count (1/23/2025).

*

Number of Year Round Beds
Available

Number of Seasonal Beds
Available

You indicated the Bed Type (for Emergency Shelters Only) has changed, please indicate the correct type of beds offered by the Emergency Shelter.

Facility Based: Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.

Voucher: Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment

Other: Beds located in a church or other facility not dedicated for use by persons who are homeless. *

- Facility Based
- Voucher
- Other (please indicate what types of beds)

You indicated the number of Overflow Beds was not correct, please record an up to date number.

Overflow Beds: Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity. If there is no fixed number, please report the number of overflow beds that were occupied on the night of the count. *

Overflow Beds

Section 9: HMIS Participation

25. Please select the appropriate HMIS Bed Participation for this Project. *

- Yes - All Beds Participate in HMIS
- A portion of the beds in this project does not use HMIS - the number of non-participating HMIS beds are:(Total should not be included in the counts in Sections 5 and 6)
- No - None of the Beds in this project participate in HMIS
- No - This project is a Domestic Violence Project

You indicated your project does not participate in HMIS or a portion of beds are participating.

Please record why the project or beds do not participate in HMIS. If your project is interested in learning more about HMIS, please indicate so in the box below and we will reach out to discuss further.

*

Section 10: Night of January 22, 2026 (Non-Participating Projects Only)

26. How many Clients were served in the project on January 22, 2026?

This would be the total count of individual clients active in the project on January 22, 2026

For Permanent Housing projects (PSH, RRH, Other PH), clients must have moved into housing on or before January 22, 2026, to be counted. Clients that are not housed should not be included in this count.

*

Number of Clients

27. How many Households were served in the project on January 22, 2026?

This would be the total count of individual clients active in the project on January 22, 2026

For Permanent Housing projects (PSH, RRH, Other PH), the Head of Household must have moved into housing on or before January 22, 2026, to be counted. Households that are not housed should not be included in this count.

*

Number of Households

Thank You!

Thank you for completing the 2026 Housing Inventory Count(HIC). An email confirmation with a copy of your submission will be sent to the email address provided in the survey. Please be sure to review your spam/junk folder.