



Agency Third Party Homeless Verification

Client Name: _____ Date of Birth: _____

I, _____, _____, from
Your Name Title/Position
_____ verify that _____
Agency Client Name

is currently homeless and staying _____
Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)

in _____ . Agency services began on _____ and included
City Date

the following services: _____

_____.

This household reports the following living situations:

Start Date	End Date	Location Type	City

Attach verification of homelessness for each homeless episode reported in the table above. This can include statements of observed homelessness from community members, physicians, or law enforcement.

Should you have any questions, please contact me at _____
Contact Information

Sincerely,

Signature: _____ Date: _____