

RE:

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Applicant's Name (print)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from a publicly or private operated shelter or safe haven designated to provide temporary living arrangements (including congregate shelters) must be obtained. The verification must include: the emergency shelter/safe haven name, address, applicant's entry and exit dates, and the title and signature of agency staff providing the information

I do hereby authorize the release of this information:

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Applicant Name (print clearly)

Signature of Applicant

Date

SECTION BELOW TO BE COMPLETED BY EMERGENCY SHELTER/SAFE HAVEN STAFF OR HOUSING PROVIDER STAFF (IF ORAL)

(Applicant Name) is currently homeless and residing at Shelter/ Safe Haven Name shelter/safe haven located at Shelter/Safe Haven Address
 The client entered the shelter/safe haven on Start Date and exited on End Date

Additional information (including prior entry and exit dates):

Please include dates, names/relationships, and locations if that information is known

This information was collected by means of:

Written Referral from Shelter/Safe Haven

Oral Referral from Shelter/Safe Haven (if so, complete information below)

Name of individual providing information:	Shelter/Safe Haven Staff providing oral information
Title of individual providing information:	That staff member's title
Contact number:	Their contact information
Date and Time of conversation:	Date and time that information was shared

I certify this information is true and complete.

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Staff Completing Form

Staff Completing Form Signature

Staff Name and Title

Signature

Date

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Staff Completing Form telephone and email information

Staff Phone/Email

**All of this same information can be provided in a letter on letterhead.
Please include locations, dates, names, and contact information**