

RE:

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Applicant's Name (print)

The applicant 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 must include: transitional housing provider name and address, applicant's entry and exit dates, signature and title of agency staff providing the information.

I do hereby authorize the release of this information:

Applicant Name (print clearly)	Signature of Applicant	Date

SECTION BELOW TO BE COMPLETED BY THE TRANSITIONAL HOUSING PROVIDER OR HOUSING PROVIDER STAFF (IF ORAL)

(Applicant Name)		is currently enrolled in a
transitional housing program administered by		Transitional Housing Agency Name
The client entered the transitional housing program on		and will exit on

Please provide any information you may have regarding this individual's living arrangement prior to entering the transitional housing program:

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

This information was collected by means of:

- Written Referral from TH Provider
- Oral Referral from TH Provider (if so, complete information below)

Name of individual providing information:	
Title of individual providing information:	
Contact number:	
Date and Time of conversation:	

I certify this information is true and complete.

Staff Completing Form	Staff Completing Form Signature	Date
Staff Name and Title	Signature	Date

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Staff Phone/Email

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