RE: _____

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 he release of this information:

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 located at _____ (shelter address)

The client entered the shelter 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: _____

Title of individual providing information: _____

Contact number: _____

Date and Time of conversation: _____

I certify this information is true and complete.

(Staff Completing Form Name and Title)	Staff Signature	Date

Staff Completing Form telephone and email information

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