

Homeless 3rd Party Verification Template, Multiple Dates

*****IMPORTANT, PLEASE READ*****

Please provide verification of homelessness on your agency letterhead.

The recommended template below may be copied onto letterhead or recreated with the same content and printed on letterhead. Please complete separate verification letters for each episode of homelessness, as required. ***Most recent instance must be within 14 days of application submission.***

Date:

I, _____, certify that my client _____
is / was (circle one) staying at _____
_____ (Location/Facility/Program) for
the following period of time: between: _____ and _____, which I last witnessed
on _____.

This location is considered:

- | | |
|----------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Place not meant for human habitation | <input type="checkbox"/> Transitional Housing for formerly homeless. |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Fleeing/ Attempting to Flee Domestic Violence |
| <input type="checkbox"/> Hotel/Motel paid with emergency funds | |
| <input type="checkbox"/> Other (please specify): _____ | |

I have witnessed this situation on the following dates (Please List): _____

I also certify that this client has no other housing options and lacks other resources to secure housing.

Staff Member Signature
Name
Agency and Title