

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 the release of this information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 located at
 The client entered the shelter/safe haven on and exited on

Additional information (including prior entry and exit dates):

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Name and Title	Signature	Date

Staff Phone/Email