

RE:

[Redacted Name Box]

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:

[Redacted Signature and Date Line]

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) [Redacted] is currently enrolled in a transitional housing program administered by [Redacted]. The client entered the transitional housing program on [Redacted] and will exit on [Redacted].

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

[Large Redacted Area for Living Arrangement Information]

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: [Redacted]

Title of individual providing information: [Redacted]

Contact number: [Redacted]

Date and Time of conversation: [Redacted]

**I certify this information is true and complete.**

[Redacted Staff Name, Signature, and Date Line]

Staff Name and Title

Signature

Date

[Redacted Staff Phone/Email Line]

Staff Phone/Email