

RE:

[Redacted box]

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 housing status of this individual. Written verification of a hotel/motel stay must be obtained. The verification must include: the hotel/motel name and address, applicant's paid length of stay including entry and exit dates and the signature and title of the person providing the information.

I do hereby authorize the release of this information

[Redacted signature line]

Applicant Name

Signature of Applicant

Date

**SECTION BELOW TO BE COMPLETED BY CHARITABLE ORGANIZATION STAFF, GOVERNMENT STAFF, HOTEL/MOTEL STAFF OR HOUSING PROVIDER STAFF (IF ORAL)**

(Applicant Name) [Redacted] is currently residing at hotel/motel [Redacted] located at [Redacted]

The client entered the hotel/motel on [Redacted] and exited on [Redacted]

Additional Information:

[Redacted box for additional information]

Name and address of individual or organization that paid for hotel/motel state

[Redacted box for name and address]

This information was collected by means of:

Written Referral from Hotel/Motel

Oral Referral from Hotel/Motel (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 signature line]

Staff Name and Title

Signature

Date

[Redacted address line]

Company Name

Address