

Oral Third Party Verification of Homeless Status

Applicant Name:

Applicant/Tenant Release Authorization:

I hereby authorize release to: _____ the specific information requested below.
(name of organization)

Signature of Applicant: _____ Date: _____

Oral Verification

Oral verification was made on _____ through a conversation with _____
(date) (relevant third-party representative)

Verification was provided:

Over the phone In person

The following information was provided regarding the applicant's homeless status and victim status:

Staff/Intake worker Observation Verification

I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for assistance.

Efforts to Obtain Third Party Verification

I understand that obtaining written third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance, but cannot meet this standard. I made the following efforts to obtain written third party verification:

Staff Certification

I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Name: _____ Title/Position: _____

Staff Signature: _____ Date: _____