

Oral Third Party Verification of Income

Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)

Applicant Name

Third Party Verifier Information

Name: _____ Position/Title: _____

Agency Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Verification Type

Over the phone In person

Income Information

Pay Amount _____ Pay frequency _____

Average hours worked per week _____ Amount of any additional compensation _____

Additional Details

Please provide any additional details discussed about the client's income.

Efforts to Obtain Third Party Verification

I understand that obtaining 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 third party verification:

Staff Certification

I understand that securing written 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: _____