

Written Third Party Verification of At-Risk of Homelessness Status

This document may be used by housing and service providers (such as emergency shelters, institutional care facilities, housing owners, other tenants, etc.) to document the housing status of an individual or family at-risk of homelessness.

Applicant Name: _____

Applicant/Tenant Release Authorization:

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

Signature of Applicant: _____ Date: _____

Verifying Agency or Person:

Agency Name: _____ Contact Name: _____

Agency Address: _____ Telephone: _____

Housing Type:

This individual or family is living in one of the following types of housing:

- Emergency shelter
- Transitional housing
- Institutional care facility (e.g. a jail, substance abuse or mental health treatment facility, hospital, or other similar facility)
- Living in the home of another
- Motel or hotel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals
- Motel or hotel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals
- Severely overcrowded housing as defined by the U.S. Census Bureau (Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons/room)
- Motel or hotel (children and youth only)
- Trailer park or camping ground (children and youth only)
- Awaiting foster care placement (children and youth only)
- Other (describe): _____

Dates of Stay:

I certify that the applicant above resided in this housing for the following time period(s) of time within the last (3) years:

Location of Stay	Begin Date	End Date	Number of Days
Total Days			

Verifying Agency/Person Certification

I certify that the timeline documented above is true and accurate.

Name: _____ Signature: _____

Title: _____ Date: _____