

Third Party Verification of Homeless Status

This form may be used by the following housing and service providers as well as community members to document the housing status of a homeless applicant:

- Street outreach workers
- Transitional housing
- Police officers
- Business owners
- Emergency shelters
- Institutional care facilities
- Security guards
- Community members

Applicant Name: _____

Location Type:

This facility is classified as one of the following types of institutions:

- Emergency shelter
- Transitional housing (not eligible for PSH)
- Institutional care facility (e.g. a jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)
- A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or overcrowded housing.
- Other location (describe): _____

Dates of Homelessness

To document homeless status during the past 3 years, please list the facility or location of observation with the corresponding date(s). For observations, be sure to include the specific dates the individual was observed as homeless (min. one per month) and a short description of the location and circumstances that led you to believe s/he was homeless.

Location of Stay (for observation include short description)	Begin Date	End Date	Number of Days
Total Days (one verified day documents homelessness for that calendar month)			

Prior Residence (Institutional Care Facilities Only):

I further certify that immediately prior to entering this facility the person named above was residing at/in:

Verifying Agency/Person Certification

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

Name: _____ Signature: _____

Title: _____ Date: _____

Agency: _____ Telephone: _____

Address: _____

Applicant Release Authorization (for Institutional Care Facilities and Service Providers Only):

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

Signature of Applicant: _____ Date: _____