

# Agency Third Party Homeless Verification



Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, from  
Your Name Title/Position  
 \_\_\_\_\_ verify that \_\_\_\_\_  
Agency Client Name

is currently homeless and staying \_\_\_\_\_  
Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)

in \_\_\_\_\_ . Agency services began on \_\_\_\_\_ and included  
City Date

the following services: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This household reports the following living situations:

Start Date	End Date	Location Type	City

Attach verification of homelessness for each homeless episode reported in the table above. This can include statements of observed homelessness from community members, physicians, or law enforcement.

Should you have any questions, please contact me at \_\_\_\_\_ .  
Contact Information

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

