

Third Party Homeless Verification

This document may be used by third-party housing and service providers to certify that the individual or household mentioned below is currently homeless under Category 1(For unsheltered observations, please use the Homeless Observation Verification Form) based on the information provided in this form. **By signing this form, you are certifying this information to be true and complete.**

Applicant Name:		HMIS ID (Program Use Only):
<input type="checkbox"/> Individual without dependent children	<input type="checkbox"/> Household with dependent children	Number of persons in the household:
Category 1: Documentation of Stay in Facility/Program		
<p>Verification of Stay:</p> <p><i>I certify that the above named individual or household resided at our facility as follows:</i></p> <p>Entry Date: _____ Exit Date: _____ or currently staying at facility/program</p> <p>Facility/Program Type:</p> <p><input type="checkbox"/> Emergency Shelter/ Hotel/Motel Voucher Program (paid for by a charitable organization, federal, state, or local program)</p> <p><input type="checkbox"/> Transitional Housing for homeless persons</p> <p><input type="checkbox"/> Institutional Care Facility (jail, inpatient residential treatment, hospital, or other similar facility; stay must be less than 90 days)</p> <p>Facility/Program Name:</p> <p>Agency Name (If applicable):</p>		

Verifying Agency/ Person: I certify that the information documented above is true, accurate, and complete.	
Printed Name:	Signature:
Date:	Job Title
Organization	Address:
Phone:	Email Address: