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

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

Sincerely,

Signature: _____   Date: _____