

## Written Verification from Emergency Shelter

RE: \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_  
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters) must be obtained. The verification must include: the emergency shelter name and address, applicant's entry and exit dates, and the title and signature of agency staff providing the information.

I do hereby authorize the release of this information:

\_\_\_\_\_  
Applicant Name (print clearly) Signature of Applicant Date

### SECTION BELOW TO BE COMPLETED BY EMERGENCY SHELTER STAFF

(Applicant Name) \_\_\_\_\_ is currently homeless and residing at \_\_\_\_\_ shelter  
located at \_\_\_\_\_.

The client entered the shelter on \_\_\_\_\_ and exited on \_\_\_\_\_.

Additional information:

**I certify this information is true and complete.**

\_\_\_\_\_  
Staff Name and Title Signature Date

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

