RE: \_\_\_\_\_ SSN <u>XXX-XX-</u>\_\_\_\_ (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.

If unable to obtain written verification, intake staff from the agency may request the following information in an oral statement from the third party and document on this form. The required information includes: the emergency shelter name and address, applicant's entry and exit dates, name and title of shelter staff providing statement, and signature of agency staff documenting the information.

## SECTION BELOW TO BE COMPLETED BY AGENCY STAFF

(Applicant Name)	is currently homeles	_ is currently homeless and residing at	
		shelter	
located at			
The client entered the shelter on	and exited on	·	
Additional information:			
Name of individual providing information:			
Title of individual providing information:			
Contact number:			
Date and time of conversation:			
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.

