

Oral Transitional Housing Stay Verification

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 transitional housing provider 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 applicant's entry and exit dates; the address of the residence, name and title of shelter staff providing statement, and signature of agency staff documenting the information.

SECTION BELOW TO BE COMPLETED BY INTAKE STAFF
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(Applicant Name) _____ entered our transitional housing program on _____ and exited/or will exit the transitional housing program on _____.

While enrolled in this program he/she resided at (address):

_____.

Please provide any information you may have regarding this individual's living arrangements prior to entering the transitional housing program:

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
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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.

