

## Oral Verification of Institution Stay

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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 this individual's stay in the institution. Verification of an institution stay must be a written referral from a social worker, case manager, or other appropriate official of the institution.

If unable to obtain written verification, an intake staff from the housing agency may request information in an oral statement from the institution. The referral must include: the institution name and address, the applicant's length of stay including entry and exit dates, name and title of the individual providing statement, and signature of agency staff documenting the information.

**SECTION BELOW TO BE COMPLETED BY INTAKE STAFF**

(Applicant Name) \_\_\_\_\_ entered (institution) \_\_\_\_\_  
\_\_\_\_\_ located at \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_ and exited/or will exit the institution on \_\_\_\_\_.

Please provide any information you may have regarding this individual's living arrangements prior to admission to your facility:

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.**

