

AGENCY THIRD PARTY HOMELESS VERIFICATION



Client Name	Date of Birth
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I _____, _____, from _____,
(Your Name) (Title/Position)

_____ verify that _____ is
(Agency) (Client Name)

currently homeless and staying _____ in
Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)

_____. Agency services began on _____ and included the following services:
(City) (Date)

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 _____