

Your Agency Letterhead Verification of Homelessness

Our agency is verifying that _____ is homeless for
Name

the following reason. (Please describe your agency and its type of services.)

- is residing in a group shelter; domestic violence shelter; hotel or motel paid for with public or charitable funds; a mental health, drug, or alcohol facility; jail; or hospital with no place to reside; or living in a home, but due to domestic violence, needs a safe place to reside. (Please explain and verify date of discharge)

- has received verification that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who are in foster care placement.

- is living in a "doubled-up" arrangement for six months or less on a temporary basis.

(Please explain)

- is living in a condemned building. (Please provide address)

- is living in housing in which the physical plant presents life and/or health threatening conditions; e.g., having dangerous structural defects or lacking plumbing, heat, or utilities. (Please explain)

- is living on the streets, in cars, doorways; etc.
- is facing eviction (having received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. **Verbal notification must be followed up with written documentation).**

(Sign)
(Title)
(Date)