

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.)

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street). **Explain**

- In an emergency shelter. **Explain and verify the discharge date from your emergency shelter.**

- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. **Explain and verify the discharge date from your transitional Housing program.**

Please describe the homeless situation prior to placement in the transitional housing program.

- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution. **Explain**

Please explain the homeless situation prior to placement in the hospital or institution.

- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. **Explain and provide the date of the eviction.**

- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. **Explain what has been done to find housing and provide the date of discharge.**

- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. **Explain**