



## Agency Homelessness 3rd Party Verification

I certify that (Client Name) \_\_\_\_\_ stayed at \_\_\_\_\_

(Location/Facility/Program Name) for the following period of time between

\_\_\_\_\_ and \_\_\_\_\_.

**This location/facility/program is classified as one of the following types:**

- Place not meant for human habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside)
- Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)
- Transitional Housing with homeless entry criteria
- Other (please specify):  
\_\_\_\_\_

- I certify that this client currently has no other housing options and lacks other networks or resources to secure housing.**

Name of Staff Member (Print): \_\_\_\_\_

Title of Staff Member: \_\_\_\_\_

Staff Phone Number: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## Self-Certification of Homelessness

I \_\_\_\_\_ certify that I (am/was) homeless living in a shelter or living in a place not meant for human habitation: such as cars, parks, sidewalks, or abandoned buildings during the following period of time:

Between \_\_\_\_\_ and \_\_\_\_\_ Location: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Location: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Location: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Location: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Location: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Location: \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Location: \_\_\_\_\_

Personal Statement:

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I certify that the above information has been given to the best of my ability.

I also certify that I currently have no other housing options and lack other networks or resources needed to secure housing.

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_