

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: _____