

## Outreach Worker Observation

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RE: \_\_\_\_\_ SSN XXX-XX-  
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from an outreach worker must be obtained. The verification must include: the location and the date(s) the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, and the signature and title of agency staff.

I do hereby authorize the release of this information:

\_\_\_\_\_  
Applicant Name (print clearly) Signature of Applicant Date

**SECTION BELOW TO BE COMPLETED BY OUTREACH WORKER**

(Applicant Name) \_\_\_\_\_ has slept in the following location(s)  
(enter dates for each selection):

- car \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- park \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- abandoned building \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- bus or train station \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- airport \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- camping ground \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- other \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Additional information:

Name of agency: \_\_\_\_\_

Address: \_\_\_\_\_

**I certify this information is true and complete.**

\_\_\_\_\_  
Staff Name and Title Signature Date

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**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

