

Oral Verification from Outreach Worker or Housing/Service Provider

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 verification of the homeless status of this individual. Written verification from an outreach worker or a housing/service provider must be obtained.

If unable to obtain written verification, an intake staff from the housing agency may request the information in an oral statement from the outreach worker or housing/service provider and document on this form. The required information includes: the location and date the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings; signature and title of agency staff.

SECTION BELOW TO BE COMPLETED BY AGENCY STAFF

(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 individual providing information: _____

Title of individual providing information: _____

Contact number: _____

Date and time of conversation: _____

I certify this information is true and complete.

Staff Name and Title Signature Date

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.

