

Intake Staff Observation

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 intake staff 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.

SECTION BELOW TO BE COMPLETED BY INTAKE 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 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.

