

## Written Transitional Housing Stay Verification

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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 a transitional housing provider must be obtained. The verification must include: the transitional housing provider name and address; applicant's entry and exit dates; signature and title of agency staff providing the information.

I do hereby authorize the release of this information:

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

<b>SECTION BELOW TO BE COMPLETED BY THE TRANSITIONAL HOUSING PROVIDER</b>
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(Applicant Name) \_\_\_\_\_ is currently enrolled in a transitional housing program administered by \_\_\_\_\_. The client entered the transitional housing program on \_\_\_\_\_ and will exit on \_\_\_\_\_.

Please provide any information you may have regarding this individual's living arrangements prior to entering the transitional housing program:

**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.**

