

**Written Verification of Hotel/Motel Stay**

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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 housing status of this individual. Written verification of a hotel/motel stay must be obtained. The verification must include: the hotel/motel name and address, applicant's paid length of stay including entry and exit dates and the signature and title of the person providing information.

I do hereby authorize the release of this information:

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

**SECTION BELOW TO BE COMPLETED BY CHARITABLE ORGANIZATION STAFF,  
GOVERNMENT STAFF OR HOTEL/MOTEL STAFF**

(Applicant Name) \_\_\_\_\_ is currently residing at (hotel/motel)  
\_\_\_\_\_ located at  
\_\_\_\_\_.

The client entered the hotel/motel on \_\_\_\_\_ and exited on \_\_\_\_\_.

Additional information:

Name and address of individual or organization that paid for hotel/motel stay:

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

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

\_\_\_\_\_  
Company Name Address

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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.**

