

## Oral 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.

If unable to obtain written verification, intake staff from the agency may request the following information in an oral statement from the third party and document on this form. The required information includes: the hotel/motel name and address, applicant's entry and exit dates, name and title of the individual providing statement, and signature of agency staff documenting the information.

<b>SECTION BELOW TO BE COMPLETED BY AGENCY STAFF</b>
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(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:

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 as reported to me.**

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.**

