

**Written Verification of Institution 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 this individual's stay in your institution. Verification of an institution stay must be a written referral from a social worker, case manager, or other appropriate official of the institution. The referral must include: the institution name and address, the applicant's length of stay including entry and exit dates, and the title and signature of the institution staff providing the information.

I do hereby authorize the release of this information:

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

**SECTION BELOW TO BE COMPLETED BY INSTITUTION STAFF**

(Applicant Name) \_\_\_\_\_ entered (institution)  
\_\_\_\_\_ located at  
\_\_\_\_\_  
on \_\_\_\_\_ and exited/or will exit the institution on \_\_\_\_\_.

Please provide any information you may have regarding this individual's living arrangements prior to admission to your facility:

**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.**

