

# Homelessness 3<sup>rd</sup> Party Verification Letter Template

**\*\*\*IMPORTANT, PLEASE READ\*\*\***

Please provide verification of homelessness on **your agency letterhead**. The recommended template below may be copied onto letterhead or recreated with the same content and printed on letterhead. Please complete separate verification letters for **each episode of homelessness**, as required by HUD.

This verification of homelessness will help prioritize chronically homeless and disabled individuals for permanent supportive housing opportunities in Alameda County.

I certify that \_\_\_\_\_ (Client's Name)  
stayed at \_\_\_\_\_ (Location/Facility/Program Name)  
for the following period of time: between \_\_\_\_\_ and \_\_\_\_\_.  
Month/Day/Year Month/Day/Year

This location/facility/program is classified as **one** of the following types:

- Place not meant for human habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)
- Transitional Housing
- Hospital or other residential non-psychiatric medical facility
- Psychiatric hospital or other psychiatric facility
- Jail, prison or juvenile detention facility
- Substance use disorder treatment facility or detox center
- A house or home, from which client is currently fleeing to escape domestic violence
- Other (please specify): \_\_\_\_\_

Before coming to the location listed above, this client resided at: \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ (# of) months, between \_\_\_\_\_ and \_\_\_\_\_.  
Month/Day/Year Month/Day/Year

I also certify that this client currently has no other housing options and lacks other networks or resources to secure housing.

Name of Staff Member (Print): \_\_\_\_\_

Title of Staff Member: \_\_\_\_\_ Staff Phone Number: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Contact **HOME STRETCH**  
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