

Homelessness 3rd 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**

fax: 1 (855) 658-5466, email: HomeStretch@acgov.org, phone: (510) 567-8017