Literal 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

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