



## Third Party Verification Form

This is an optional form to use for a referral or to provide evidence to support the Long-Term Homelessness Eligibility form.

### Instructions

- The form can be completed by one service provider who is referring a household to another service provider, by a street outreach team to a housing provider, or by a friend or family member who is verifying that the applicant stayed with them in order to avoid living on the streets or in a shelter.
- For **Type of Living Situation**, choose from: emergency shelter, living on the street, staying with friends/family, place not meant for human habitation, or other (specify).

Print Applicant Name \_\_\_\_\_

Start/End Dates	Type of Living Situation	City and State AND Facility Name OR Address	Reason for Leaving

### Comments

### Third Party Signature

I verify the information provided on this form is accurate and true.

Print Name: \_\_\_\_\_ Title or Relationship to Applicant: \_\_\_\_\_  
 Company/Agency Name and Address (if applicable): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_