CERTIFICATION OF HOMELESSNESS

I certify that (Client Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ previously resided at

(Agency/Shelter Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the following period(s) of time within the last three (3) years:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | End Date | Number of Days | Location of Stay |
|  |  |  |  |
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|  |  |  |  |
|  | **Total Days** |  |  |

This facility is classified as one of the following types of institutions:

* Emergency Shelter
* Transitional Housing
* Permanent Supportive Housing
* Medical Institution
* Mental Health Institution
* Correctional Facility
* Substance Abuse Facility
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Third Party Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the release of this information:

Applicant Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_