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| **Third-Party Verification of Homelessness**  **To Be Printed on Verifying Agency Letterhead** |

**Homeless Verification**

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s name) stayed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (facility/program name) for the following period of time:

(1) between: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ and: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

(2) between: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ and: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

(3) between: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ and: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

(4) between: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ and: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

*Additional details about the client’s episodes of homelessness may be written below.*

This facility is a:

Emergency Shelter

Safe Haven *(the only Safe Haven in the Detroit CoC is operated by Cass Community Social Services)*

Drop-in Center/Soup Kitchen/Other (please specify if other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Staff of the agency named above*

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_