



Madison/Dane County CoC

THIRD PARTY HOMELESSNESS VERIFICATION TEMPLATE

*****IMPORTANT, PLEASE READ*****

Please provide verification of homelessness on your agency's letterhead. The recommended template below may be copied onto letterhead or recreated with similar content and printed onto agency letterhead. These instructions can be deleted.

Date: _____

To Whom It May Concern,

I certify that _____
(Client Name/s)

is/are homeless, and resided at _____
(Location/Facility/Program Name)

between _____ and _____.
Month/Year Month/Year

I am able to verify this because: (List any information available to you that confirms the client's living situation)

Before coming to the location listed above, the above-named person/s resided at

(Location/Facility/Program Name)

between _____ and _____.
Month/Year Month/Year

(As possible, please include additional pages documenting the household's history of homelessness, the mo/day/year of known breaks in homelessness, and the total number of months homeless over the past 3 years)

Staff Name: _____

Phone Number: _____

Title: _____

Agency: _____

Staff Signature: _____

Date: _____