

Enter Agency Letterhead here

I have personally encountered \_\_\_\_\_ (name of applicant) and believe, based on my professional judgment, the applicant was living in a shelter, place not meant for human habitation or another qualified setting (skilled nursing facility, jail) for less than 90 days, at the time that I personally encountered the applicant. Below are the details of my encounters with \_\_\_\_\_ (name of applicant).

Date of interaction	Description of interaction	Where applicant was living (please include type and location)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Please see detailed instructions on the following page

# Certification of Homelessness from a Third-Party Housing or Service Provider

## Instructions for Homeless Verification

The individual seeking assistance is an applicant for a permanent supportive housing program. To be eligible for Permanent Supportive Housing, an applicant must show that they have been homeless for 12 months consecutively or show that they have been homeless for a total of 12 months in the last 3 years, with at least 4 breaks in between.

According to federal regulations, individuals that qualify for permanent supportive housing projects are required to have a certain level of documentation prior to entry of the program or within 180 days of enrollment into the project. If they do not obtain the level of documentation required within the timeline of 180 days, they are at risk of losing their supportive housing.

The applicant needs to verify several months of their homelessness to be referred over to these projects. You have been identified as someone who can verify that time. If you are able, please complete the table on the first page of this document, outlining the date of the interaction, a short description of how you knew the applicant was homeless, and where the applicant was living. The table below is an example of the level of documentation needed in order to qualify as experiencing homelessness within that timeframe.

Date of interaction	Description of interaction	Where applicant was living (please include type and location)
4/6/21	Spoke to client at park. Client reported he was staying there. I saw his tent	Client was living in a tent at Doyle Park in Santa Rosa.

If you are a medical professional, you do not need to have witnessed this person where they were physically staying, but please include any details in which you believe this person is experiencing homelessness based on your professional judgement.

An intake worker may provide third party documentation by providing an oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident (regardless of relationship with the household) that has **physically observed** where the individual or head of household is or has been residing. If the community member is unwilling to provide a written observation, the intake worker may document their conversation with the community member.

If you are a neighbor/community member who has witnessed this person experiencing homelessness, please include this reference under “agency” on the first page.