

Homelessness Verification Form

In addition to the Application and this form, please include the necessary Authorization for Disclosure.

Applicant Name _____

**Name and Agency of Provider
Verifying Homelessness** _____

In order for Rose of Lima House to serve the above applicant, they must currently be homeless. The following criteria are from the Federal HUD-McKinney definition of homelessness. Please check the situation that applies to the applicant: _____

YES **NO**

Applicant is sleeping in a place not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings (on the street).

- If yes, you are hereby affirming, by your signature below, that you are the referring service provider documenting the applicant's current homelessness status.

YES **NO**

Applicant is staying in an emergency shelter or an agency supported motel voucher program.

- If yes, you are hereby affirming, by your signature below, that you are the referring service provider documenting the applicant's current homelessness status.

YES **NO**

Applicant is staying in transitional housing.

- If yes, you are hereby affirming, by your signature below, that you are the referring service provider documenting the applicant's current homelessness status.

Signature of Referring Provider

Date

This letter must be on the Agency letterhead of the referring service provider.