

ADD TO
AGENCY
LETTERHEAD

Homelessness 3rd Party Verification Letter

This verification will help prioritize chronically homeless and disabled individuals for permanent supportive housing opportunities in Alameda County.

I certify that _____ (Client's Name)

stayed at _____ (Location/Facility/Program Name)

for the following period of time:

between ____/____/____ and ____/____/____.

This location/facility/program is classified as **one** of the following types:

- Place not meant for human habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)
- Transitional Housing
- Hospital or other residential non-psychiatric medical facility
- Psychiatric hospital or other psychiatric facility
- Jail, prison or juvenile detention facility
- Substance use disorder treatment facility or detox center
- Other (please specify): _____

Before coming to this location, this client resided at: _____
for _____ (# of) months, between ____/____/____ and ____/____/____.

Name of Staff Member (Print): _____

Title of Staff Member: _____

Staff Phone Number: _____

Staff Member Signature: _____ Date Signed: _____