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

Please provide verification of homelessness on ***your agency letterhead***. The recommended template below may be copied onto letterhead or recreated with the same content and printed on letterhead.

Professional Assessment of Living Situation

This form should be utilized to verify homelessness for months in which a service provider, acting in their official capacity, had an encounter with a client and, based on their knowledge and professional opinion, believe that the individual or head of household was living in a place not meant for human habitation, an emergency shelter, or a safe haven at the time of the encounter. The service provider may have physically observed the individual living in a place that is consistent with the HUD definition of literal homelessness or they may have had an encounter in another setting and during that encounter there was evidence that led the service provider to conclude that the individual was living in a situation consistent with the HUD definition of literal homelessness. One encounter within a month is sufficient to verify homelessness for the entire calendar month. Service providers include outreach workers, housing navigator, healthcare professionals, members of law enforcement, and case managers. **For each location that you can verify the applicant was living, complete all information requested. At least one observation per month is required by HUD.**

----------COPY SECTION BELOW ON TO AGENCY LETTERHEAD OR USE SIMILAR TEXT ON AGENCY LETTERHEAD----------

Applicant Name: _____ Date of Birth: _____

For each location in which the applicant was living, complete all information requested.

Location of encounter (encampment location, cross streets, name of clinic, address, office location, etc.):	Statement detailing the aspects of the interaction that indicated the Applicant was experiencing homelessness at the time of the encounter (physical observation of the Applicant's living situation, Applicant explained their living situation, Applicant was carrying their belongings with them, Applicant seemed stressed about their living situation, etc.):	Presumed location Applicant was living (address, name of public space, street name, landmark, etc.):	Presumed living situation of Applicant (in car, in a tent, on the street, in emergency shelter etc.):	Date of encounter: (MM/DD/YYYY)

I certify that information described above is accurate and that, based on my professional opinion, the applicant was experiencing homelessness at the time of the encounter(s).

_____

Printed Name Organization Title/Role

_____

Signature Date Phone Email

*https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf