**(AGENCY LETTERHEAD)**

 **Continuum of Care Program**

**EYEWITNESS HOMELESS VERIFICATION FORM**

Re: [CLIENT NAME, BIRTHDATE]

To Whom It May Concern:

I am writing this letter as verification of homelessness for [CLIENT NAME]. I know that [CLIENT NAME] was homeless on [DATE WITHIN 14 DAYS OF CLIENT’S ENTRY] because I personally saw that the client was:

ÿ sleeping in [PLACE], which is not a place not meant for human habitation or unsheltered location, such as a car, park, abandoned building, etc.;

ÿ sleeping in [PLACE], which is an emergency shelter;

ÿ sleeping in [PLACE], which is a motel being paid for by a government or charity;

ÿ fleeing from domestic violence;

ÿ carrying their personal belongings with them in a way that suggested that they had no indoor location to store those belongings;

ÿ using the shower or other facilities at [PLACE] in a way that suggested that they had no home of their own in which to bathe or change; *or*

ÿ picking up mail at [PLACE] in a way that suggested that they had no residential address at which they could receive mail.

Additional Information:

Sincerely,

[WITNESS NAME]

[WITNESS JOB TITLE]

[WITNESS CONTACT INFO]