



## HOMELESS VERIFICATION FORM

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Circle One    Single    Married    Divorces    Widowed

My present living conditions lack a fixed, regular, and adequate nighttime residence and I have primarily nighttime residence that is: *(INITIAL ONE)*

\_\_\_\_\_    A SUPERVISED PUBLICLY OR PRIVATELY OWNED SHELTER DESIGNATE TO PROVIDE TEMPORARY  
Initials    LIVING ACCOMODATIONS (WELFARE HOTEL, CONGERATE SHELTERS AND TRANSITIONAL HOUSING).

\_\_\_\_\_    AN INSTITUTION THAT PROVIDES TEMPORARY RESIDENCE FOR INDIVIDUALS  
Initials    APPROVED FOR THE SLIDING FEE DISCOUNT.

\_\_\_\_\_    ANOTHER PUBLIC OR PRIVATE PLACE NOT DESIGNATED FOR OR ORDINARLY USED AS REGULAR  
Initials    REGULAR SLEEPING ACCOMODATION FOR HUMAN BEINGS

I CERTIFY THAT I AM HOMLESS AND I DO NOT HAVE THE RESOURCES TO OBTAIN HOUSING FOR THE FOLLOWING REASONS:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date