

**Memphis/Shelby County Continuum of Care  
Verification of Homelessness – Stay(s) at Shelter/Program/Facility (Third-Party)**

The Client is seeking placement into a HUD/Continuum of Care-funded housing program. To be eligible, the Client must have documentation of homelessness.

<b>Client Name:</b>		<b>Client DOB:</b>	
<b>Verification of Stay(s) at Shelter/Program/Facility</b>			
<b>Agency and Program Name:</b>			
This program/facility is classified as <b>one</b> of the following:			
<input type="checkbox"/> <b>Emergency Shelter</b>		<input type="checkbox"/> <i>Mental Health Institution*</i>	
<input type="checkbox"/> <b>Safe Haven</b>		<input type="checkbox"/> <i>Substance Abuse Facility*</i>	
<input type="checkbox"/> <i>Transitional Housing*</i>		<input type="checkbox"/> <i>Correctional Facility*</i>	
<i>*only stays at <b>emergency shelter or safe haven</b> will count towards total length of time homeless for chronic homelessness</i>			
The above-named individual stayed at this program/facility during the following time period(s) within the last 3 years ( <b>start with the most recent period</b> , if there is more than one occasion): (Attach additional pages if necessary.) <i>*If the applicant stayed at more than one facility/agency, a separate form must be completed by each.</i>			
<b>Entry Date (MM/DD/YY):</b>		<b>Exit Date (MM/DD/YY):</b>	
/ /		/ / <b>or</b> <input type="checkbox"/> Currently staying at program/facility	
/ /		/ /	
/ /		/ /	
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<b>Verified By:</b> <i>I certify that the information documented above is true and accurate.</i>			
Printed Name:		Agency Name:	
Title:		Telephone:	
Signature:		Date:	