MATRIX C.O.C
PROSPERING COMMUNITIES

Homeless Verification Form

CLIENT INFORMATION

Client Name (First) _____ Client Name (Last) _____

Client HMIS # _____

Where are you currently staying? (Please check one)

- ☐ Hotel/Motel paid by self
- ☐ Hotel/Motel paid by agency or program
- ☐ In a car/truck/vehicle
- ☐ In a tent
- ☐ In an abandoned building or other uninhabitable space
- ☐ Couch surfing / temporarily staying with others
- ☐ Outdoors (street, park, woods, etc.)
- ☐ Emergency shelter
- ☐ Other: _____

How long have you been experiencing homelessness?

This refers to the length of time since you last had stable, permanent housing that you owned, rented, or stayed in without fear of eviction

Months: _____ Years: _____

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that knowingly providing false information may result in loss of services.

Client Signature: _____ Date: _____

THIRD-PARTY VERIFICATION
(To be completed by an authorized third party, if available)

If this client has been referred to us by your organization or if you have personal knowledge of their current housing situation, please complete the section below.

Third-Party Name (First) _____ Third-Party Name (Last) _____

Organization/ Agency Name _____

Phone Number _____

Email Address _____

Relationship to Client / Nature of Contact:

- ☐ Law Enforcement
- ☐ Social Services Agency
- ☐ Shelter Provider
- ☐ School Personnel
- ☐ Medical Provider
- ☐ Community Organization
- ☐ Other: _____

Third-Party Signature: _____ Date: _____

OFFICE USE ONLY

Reviewed By: _____ Date: _____