



Head of Household Name: _____
Head of Household SS#: _____

DATE

RE:
 SS#:

Dear Professional:

The person named above has applied for housing with the Seattle Housing Authority. The Housing Authority is required by law to verify all information by a third party. The person named above and members of his/her household claim they are without permanent, standard, night-time housing. It will be most beneficial to the applicant if you can respond as quickly as possible.

I, _____, do hereby authorize the release of information requested by the Seattle Housing Authority for the purpose stated below.

Signature _____ Date: _____

VERIFICATION OF HOMELESSNESS

1. I know that the person named above is without permanent, standard, night-time housing.
 YES _____ NO _____
2. Was this person homeless for the year prior to entering the program, or have they experienced four episodes of homelessness in the past three years?
 YES _____ NO _____

3. Other member(s) of the household, known to me, without permanent, standard, night-time housing (please list):

Name	Relation to Person Above	Age
_____	_____	_____
_____	_____	_____

4. The specific circumstances about this situation that are known to me are:

(Use additional sheet if necessary)

Verified by: (please print) _____ Phone: _____
 Title: _____ Company: _____
 Signature: _____ Date: _____

The Seattle Housing Authority appreciates your cooperation and assistance in providing this information and in returning this verification at your earliest convenience. The information should be delivered in person.
 Name: _____ Phone: _____ Date: _____