

[INSERT AGENCY NAME]
**CERTIFICATION OF HOMELESSNESS BY THIRD-PARTY HOUSING/SERVICE PROVIDER OR AGENCY'S INTAKE/OUTREACH
WORKER IN THEIR PROFESSIONAL CAPACITY (Form C)**

Date: [Click here to enter a date.](#)

To: [Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)

From: [Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)

RETURN THIS CERTIFICATION TO THE PERSON LISTED ABOVE.

APPLICANT INFORMATION

Name: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

SSN: [Click here to enter text.](#)

Contact phone or email: [Click here to enter text.](#)

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 36 months, unless authorized by me on a separate consent attached to a copy of this consent.

Applicant Signature

Date

Note to Applicant: You do not have to sign this form if either the requesting organization or organization supplying the information is left blank.

PROFESSIONAL JUDGMENT: CERTIFICATION OF HOMELESS LIVING SITUATION

The Applicant named above has applied for housing assistance under a program that requires the program administrator to verify all information that is used in determining this person's eligibility or level of benefits. Please note that this form must be completed by someone who, while acting in their professional capacity as a housing or service provider, encountered the Applicant on the dates reported. Housing and service providers include homeless housing, shelter, or service providers; members of law enforcement; healthcare professionals within the community; educators; or other persons that have encountered the client in their professional capacity.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The Applicant has consented to this release of information as shown above.

INFORMATION REQUESTED

(To be completed by the person who encountered the Applicant)

For each interaction with the Applicant in your professional capacity when you believe the Applicant was living in a place not meant for human habitation, an emergency shelter, or a safe haven, complete all information requested.

Location Where Applicant Was Living:	Description of Conversation with Applicant and Reason You Believe They Were Living in a Homeless Situation:	Approximate Date of Encounter:
<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven	Click here to enter text.	Click here to enter text.

I certify that I encountered the Applicant in my professional capacity on the date(s) above and I believe, to the best of my knowledge and in my professional opinion, that the Applicant was living in a place not meant for human habitation, emergency shelter, or safe haven on these date(s).

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Printed Name

Organization

Title

[Click here to enter text.](#)

[Click here to enter text.](#)

Signature

Date

Phone Number