LONGBEACH

VERIFICATION OF ORAL THIRD PARTY HOMELESSNESS

Head of Household's Name: Date:

Oral Verification

Oral verification was made on _____/_____/_____ through a conversation with _____.
(date) (relevant third-party representative)

Verification was provided: ☐ Over the phone ☐ In person

REQUIRED*: The following information was provided regarding the household's homeless status and victim status (if applicable):*

REQUIRED: Staff/Intake Worker Observation Verification

If third-party evidence can not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. Please state below the observance of conditions which serve as evidence related to the household's housing status and available resources. Due to the following factors below you are certifying this household's application for assistance.

REQUIRED: Efforts to Obtain Third Party Verification

Complete the table for at least three attempts to obtain third party verification of an individual/household's housing status.

Person Contacted	Date	Contact Information (e.g., phone no., email address, fax no.)	Outcome

Staff Certification

I understand that securing written third party documentation is the preferred method of certifying homelessness or imminent risk of homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification, or staff/intake worker observation of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Name: _____ Signature: _____

Title (e.g. fire, police, case manager, other): _____ Date: _____