***[Agency Letterhead]***

**[Date]**

To whom it may concern:

I am **[your name]**, **[relation to member].** (ex: case manager, navigator, etc.)

**[Member name and date of birth]** reports to have experienced homelessness from **[month/year]** to **[month/year]**.

I can attest, **[He/She/They]** is currently homeless and is residing**[location].**(ex: streets, shelter, etc.)

Please contact me at **[email and/or phone number]** for any additional information regarding the member’s homeless verification.

Sincerely,

**[Your signature]**

**[printed name]**