Consolidated Homeless Grant

Documentation of

Third Party Oral Verification

When unable to obtain written third party documentation, complete this form to document housing status or income.

Homelessness

Earned Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)

Other Income (need source of income, income amount, and frequency of income)

|  |  |
| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |
| Discussion |  |
| Name of Third Party Verifier |  |
| Position/Title |  |
| Telephone |  |
| Organization/Agency |  |