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 |  |