



Verification of Homelessness Status

Housing Catalyst

P: 970-416-2910

F: 970-416-2911

A representative from a support agency is asked to complete the information below for the following applicant (please print clearly):

Name: _____

Date of Birth: _____

Applicant is currently:

Residing in an Emergency Shelter.

Living on the street or in places not meant for human habitation.

Being discharged from an institution, and following discharge will be living on the street, a place not meant for human habitation, or at an emergency shelter.

The institution is:

- Hospital (non-psychiatric)
- Jail, Prison, Juvenile Facility
- Psychiatric Hospital or Facility
- Substance Abuse Treatment Center
- Other _____

By signing this form I agree that all of the above information is true and accurate.

Agency Name

Printed Name

Signature

Title

Date