



Verification of Homelessness Status

Housing Catalyst

Phone: 970-416-2910

Fax: 970-221-0821

The information below is for the following applicant (please print clearly):

Applicant 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 _____

Fleeing or attempting to flee domestic violence

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

Agency Name

Printed Name

Signature

Title

Date