



A Tradition of Stewardship
A Commitment to Service

[INSERT AGENCY NAME]
**OBSERVATION OF LIVING CONDITIONS BY THIRD-PARTY HOUSING/SERVICE PROVIDER, AGENCY'S
INTAKE/OUTREACH WORKER, OR COMMUNITY MEMBER**

Date: [Click here to enter a date.](#)

To: [Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)

From: [Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)

RETURN THIS CERTIFICATION TO THE PERSON LISTED ABOVE.

APPLICANT INFORMATION

Name: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

SSN: [Click here to enter text.](#)

Contact phone or email: [Click here to enter text.](#)

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 36 months, unless authorized by me on a separate consent attached to a copy of this consent.

Applicant Signature

Date

Note to Applicant: You do not have to sign this form if either the requesting organization or organization supplying the information is left blank.

OBSERVATION OF LIVING CONDITIONS

The Applicant named above has applied for housing assistance under a program that requires the program administrator to verify all information that is used in determining this person's eligibility or level of benefits. Please note that this form must be completed by someone who physically observed the location where the Applicant was residing on the dates reported.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The Applicant has consented to this release of information as shown above.

INFORMATION REQUESTED

(to be completed by the person who observed Applicant's place of residence)

For each location in which you observed the Applicant living, complete all information requested.

Location (address, name of public space, street name, landmark, etc):	Description of living conditions observed (sleeping in a car, in a tent, in the open, etc):	Approximate date observed:
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

I certify that I observed the Applicant residing in the location(s) described above.

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Printed Name

Organization

Title/Occupation (if applicable)

[Click here to enter text.](#)

[Click here to enter text.](#)

Signature

Date

Phone Number