**Summary of Witness Statement – SAMPLE LETTER**

**\*\*\*IMPORTANT, PLEASE READ\*\*\***

Please provide verification of homelessness on ***your agency letterhead***. The recommended template below may be copied onto letterhead or recreated with the same content and printed on letterhead.

*This form should be utilized to verify chronic homelessness duration episodes not for current homelessness verification. The sample letter should be used for months in which a community member, such as a shop keeper or neighborhood resident, physically observed an individual living in a place not meant for human habitation and provided an oral or written description of their observations to the service provider. A copy of a written description provided by a witness can be included with the letter as further documentation. The community member must indicate the approximate dates they observed the individual residing at the location. The service provider must use their professional judgement to determine if the source is reliable.* **For each location in which the applicant was observed to be living, complete all information requested. At least one observation per month is required by HUD to establish the person’s homeless living situation.**

-------------------------COPY SECTION BELOW ON TO AGENCY LETTERHEAD OR USE SIMILAR TEXT ON AGENCY LETTERHEAD---------------

Applicant Name: Date of Birth:

HMIS ID (if known):

Community Member Name: Relation to Applicant:

Community Member Phone Number (if available):

**For each location in which the community member observed the Applicant living, complete all information requested.**

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| --- | --- | --- |
| 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.): | Date observed: |
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I certify that the information above was reported to me by the listed community member and I believe it to be an accurate account.

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| --- | --- | --- | --- | --- |
| Printed Name |  | Organization |  | Title/Role |
| Signature | Date |  | Phone | Email |