

HOMELESSNESS CERTIFICATION LETTER

To Whom It May Concern:

This letter certifies that the individual named below is currently experiencing homelessness and does not have a fixed, regular, and adequate nighttime residence as defined by the United States Department of Housing and Urban Development (HUD). This certification is issued for the purpose of obtaining housing or other assistance under applicable federal, state, or local programs.

Individual's Information:

Full Name: _____
Date of Birth: _____
Current Location (if known): _____
Contact Information (if any): _____

Certification Details:

The individual has been verified to lack a fixed, regular, and adequate nighttime residence, including but not limited to living in a shelter, transitional housing, a place not meant for human habitation, or a temporary arrangement with others due to loss of housing or economic hardship. This certification was made following an interview or observation by a qualified representative.

Purpose and Usage:

This certification letter is intended solely for the purpose of securing housing or related benefits and must be used in accordance with all applicable laws and regulations. Any misuse or misrepresentation of information contained herein may result in penalties under federal and state law.

Authorized Representative:

Name: _____
Title/Position: _____
Organization: _____
Address: _____
Phone/Email: _____

Statement of Truth:

I hereby declare under penalty of perjury under the laws of the United States of America that the information provided in this certification letter is true and correct to the best of my knowledge and belief.

AUTHORIZED REPRESENTATIVE SIGNATURE

INDIVIDUAL'S SIGNATURE

Signature: _____

Signature: _____

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