**Instructions**: This suggested template may be sent to homeless service providers requesting their verification of the chronically homeless status of an individual known to them. This template letter may be copied onto letterhead or recreated with the same content and printed on letterhead.

Date:

To:

Dear ,

This letter is to confirm that (*Tenant name*) is currently staying at the *(shelter/program name)* as of (*entry date)* and can stay until *(anticipated exit date).*

 *(Tenant name)* has also stayed at this shelter on the following occasion(s):

 *Please enter any past entry and exits dates (e.g.: 01/01/2013 – 03/01/2015) on each line*

Please do not hesitate to contact me if you have any questions.

Sincerely,

Staff signature

*Name*

*Staff title*

*Agency name*

*Agency/shelter address*

*Agency/shelter phone number*

*Agency/shelter fax number*