

HOUSING AUTHORITY



CITY OF WARREN
801 WEST CENTRAL STREET
WARREN, AR 71671
OFFICE 870-226-2600
FAX 870-226-7100
warrenha@sbcglobal.net

VERIFICATION OF HOMELESSNESS

Please provide this cover letter with all verification documentation and submit to our office.

Applicant's Name: _____

SS#: _____ D.O.B.: _____ PHONE: _____

Current Address (if applicable): _____

I certify that I meet the definition of homelessness as follows: (check only one):

- Staying in a place not meant for habitation such as on the street, in a tent, in a vehicle, or in an abandoned building. (Must provide verification from an agency who can verify this information)
- Staying in short-term emergency shelter, including motel vouchers and transitional housing. (Must provide verification from an agency who can verify this information)
- Was asked to leave current place of residency. (Must provide verification from a landlord or property manager who can verify this information)
- Staying in a hotel or motel paid without a voucher. (Must provide verification from an hotel/motel staff who can verify this information including a copy of receipt or bill)
- Actively or attempting to flee domestic violence, has no other residence and lacks the resources or support network to obtain other permanent housing. (Must provide verification from an agency who can verify this information)
- Another situation not identified above but would fall under the Emergency Housing Voucher Program definition. Please explain:

Head of Household Signature: _____ Date: _____

Other Adult in Household: _____ Date: _____