

# Domestic Violence-Related Homelessness Verification Letter

Date:

To Whom It May Concern,

This letter is to verify that:

Name of applicant:

Date of birth:

Address:

Has experienced homelessness or housing instability as a result of domestic violence, dating violence, sexual assault, or stalking.

Brief description of situation (optional):

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I am a (check one):

- ☐ Victim service provider
- ☐ Medical or clinical professional
- ☐ Intake/staff of agency or housing provider
- ☐ Other:

Name of verifying professional/agency:

Title/position:

Signature:

Date:

Contact phone/email:

This verification is provided to establish eligibility for housing and/or services. All information will be kept confidential as required by law.