

# Rural Area Homelessness Verification Form

## Applicant Information

Full Name

Date of Birth

Contact Number

Current Location/Address

## Homelessness Verification

How long has the applicant been experiencing homelessness?

Primary reason for homelessness

Current living situation (describe where applicant currently stays)

Is the applicant located in a rural area?

## Verification Agent

Verifier Name

Organization

Phone Number

Date of Verification

Signature