

CHRONIC HOMELESSNESS THIRD PARTY CERTIFICATION

I certify that the signed individual below, _____ (Client Name)
 previously resided at _____ (Facility Name)

For the following period(s) of time within the last three (3) years:

Time Period (Beginning)	Time Period (End)	Number of Days	Location of Stay
Total days			

This facility is classified as one of the following types of institutions:

- Emergency Shelter
- Transitional Housing
- Place not meant for human habitation
- Permanent Supportive Housing
- Medical Institution
- Mental Health Institution
- Correctional Facility
- Substance Abuse Facility
- Other: _____

I further certify that immediately prior to entering this facility the person named above was residing at/in:

Authorized Third Party Signature: _____ Date: _____

I hereby authorize the release of this information:

ESG Applicant Signature: _____ Date: _____