

LOW INCOME STATUS AT PROGRAM ENTRY
DATA VALIDATION TEMPLATES

Self-Attestation of Homeless Status

Participant Name: _____

Date of Birth: _____

Program Entry Date: _____

I attest that I am currently experiencing homelessness as defined by federal guidelines.

Living in a shelter or transitional housing

Living in a place not meant for habitation

Temporarily staying with others due to loss of housing or hardship

Other: _____

Participant Signature: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

Employer Statement for Cash-Paid Income

Employee Name: _____

Employer Name: _____

Employer Address/Phone: _____

This letter verifies that the above individual is/was employed:

Position: _____

Employment Dates: _____ to _____

Paid in cash: Yes _____ No _____

Pay Rate: \$ _____ per _____

Average hours per week: _____

Estimated 6-month income: \$ _____

Employer Signature: _____ Date: _____

Contact Information: _____

Third-Party/Collateral Contact Verification

Participant Name: _____

Third-Party/Organization: _____

Relationship to Participant: _____

Contact Phone/Email: _____

I verify that the participant receives cash income and lacks financial records.

Estimated 6-month income: \$ _____

Additional Notes: _____

Third-Party Signature: _____ Date: _____

Case Notes Template – Documentation Attempts

Case Notes – Verification Attempts

Participant Name: _____

Date: _____

Attempts Made:

- Paystub request: _____
- Employer contact attempt: _____
- Third-party/collateral attempt: _____
- Other: _____

Barriers Encountered:

Next Steps:

