

YWCA of the Niagara Frontier

32 Cottage St.
Lockport, NY 14094
716.433.6714
716.433.1929 (Fax)

Carolyn's House

542 6th St.
Niagara Falls, NY 14301
716.278.9662
716.278.9663 (Fax)

Homeless Verification Form

All applicants for housing through the YWCA of the Niagara Frontier must complete this verification form in accordance with state and federal requirements. The form must be signed by the person and/ or organization representative providing housing.

Date:

I, _____, attest that I am homeless on this date due to the following circumstances:

- Non-housing (street, park, car, bus station, etc.)
- Emergency Shelter
- Transitional Housing for homeless person
- Psychiatric Facility
- Substance Abuse Treatment Facility
- Hospital
- Jail/Prison
- Domestic Violence Situation
- Living with Friends/Relatives.
- Rental Housing – Substandard housing (roof caved in, unstable)
- Other

To be completed by the person providing housing:

I, _____ (housing provider name/agency) attest that on this date, _____, _____ (applicant name) does hereby reside at _____ (list address location/organization).

Signature of housing provider

Date