

Verification Process

Who can verify your situation?

A person who has a professional relationship with the applicant, including but not limited to:

- | | |
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| <ul style="list-style-type: none"> • doctor • lawyer • registered nurse • registered practical nurse • law enforcement officer • member of the clergy • teacher • guidance counsellor • community health care worker | <ul style="list-style-type: none"> • social worker • social service worker • victim services worker • settlement services worker • shelter worker • community legal worker • any service agency or medical care facility • an individual in a managerial or administrative position with a housing provider |
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TO BE COMPLETED BY VERIFIER:

Name	Organization	Position/Title
Telephone Number	Signature	Date (MM/DD/YYYY)

The applicant is living on the street (no shelter) Yes No

The applicant is living in substandard housing which has been condemned by the municipality Yes No

The applicant's accommodation has recently been destroyed by fire or natural disaster Yes No

The applicant is awaiting release from hospital or other time-limited treatment facility and cannot return to their former place of residence Yes No

A family whose children will not be returned by a child protection agency until adequate housing is provided, and lack of housing is the **only** outstanding custody issue Yes No

The applicant is using the emergency shelter system as their primary residence Yes No

Name of agency or shelter	Location
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The applicant is living with family or friends on a temporary basis Yes No

If yes, when did the applicant move into this accommodation:

Professionals providing verification must answer all of the following statements:

I have a **professional** relationship with this client and am eligible to complete this form Yes No

I have reviewed the eligibility criteria for Homeless status and believe this client qualifies Yes No

I am aware of my responsibility in providing verification and declare that the information I have provided is an accurate account of the client's situation to the best of my knowledge Yes No

Signature of professional

Date signed