Consolidated Homeless Fund (CHF)

Oral Third Party Verification of Income

Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)

|  |  |  |
| --- | --- | --- |
| **Applicant Name** | | |
| **Third Party Verifier Information** | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Position/Title: |
| Agency Name: |  | Phone: |
| Address: |  | City, State, Zip: |
| **Verification Type**  Over the phone In person | | |
| **Income Information** |  |  |
| Pay Amount | Pay frequency |
| Average hours worked per week | | Amount of any additional compensation |
| **Additional Details**  Please provide any additional details discussed about the client’s income. | | |
| **Efforts to Obtain Third Party Verification**  I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance, but cannot meet this standard. I made the following efforts to obtain third party verification: | | |
| **Staff Certification**  I understand that securing written third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete. | | |
| Name |  | Title/Position: |
| Staff Signature |  | Date: |

Updated 7/1/17