

City of Spokane Homeless Housing Operations and Services Grant Documentation of Third Party Oral Verification

When unable to obtain written third party documentation, complete this form to document housing status or income.

- Homelessness
- Earned Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)
- Other Income (need source of income, income amount, and frequency of income)

Client Name	
HMIS Client Identifier	
Date	
Discussion	
Name of Third Party Verifier	
Position/Title	
Telephone	
Organization/Agency	