

NOTICE OF HOMELESSNESS AND REQUEST FOR ASSISTANCE

To Whom It May Concern:

This letter serves as formal notification that the undersigned individual(s) currently lack a fixed, regular, and adequate nighttime residence and are considered homeless under the definitions provided by United States federal and applicable state laws.

The undersigned hereby requests assistance in obtaining temporary shelter, support services, and any other necessary aid to alleviate this condition and work towards stable housing solutions.

The undersigned affirms that the information provided herein is true and accurate to the best of their knowledge and that this letter may be used for eligibility determinations for assistance programs and services under applicable laws and regulations.

The undersigned acknowledges the importance of compliance with any program requirements and agrees to cooperate in good faith with agencies or entities providing such assistance.

This notification is made without prejudice to any other rights or claims that the undersigned may have under federal, state, or local law, including but not limited to rights under the McKinney-Vento Homeless Assistance Act, the Fair Housing Act, the Americans with Disabilities Act, and relevant state statutes.

The undersigned requests that all communications regarding this matter be directed to the contact information provided below and that confidentiality be maintained to the fullest extent permitted by law.

This letter may be executed in counterparts and delivered electronically or in hard copy, each of which shall be considered an original for all legal purposes.

The undersigned reserves the right to amend or supplement this notification as circumstances require.

Personal Information:

Full Name: _____

Date of Birth: _____

Social Security Number (if applicable): _____

Current Contact Information (phone/email): _____

Last Permanent Address (if any): _____

Homelessness Situation Details:

Length of Time Homeless: _____

Reason(s) for Homelessness: _____

Current Living Situation (e.g., shelter, street): _____

Assistance Requested:

Type of Assistance (check all that apply):

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
- Food Assistance
- Medical or Mental Health Services
- Employment Assistance
- Other (please specify): _____

Acknowledgments and Signatures:

By signing below, the undersigned certifies that the information provided is truthful and understands that knowingly providing false information may result in denial of assistance and potential legal consequences under applicable law.

Applicant's Signature:

Case Manager / Witness Signature:

Date:

Date:

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