

**HUD HOMELESS DOCUMENTATION**

**“Shelter”**

Participant Name:  
Homeless documentation for: \_\_\_\_\_  
*Print Name Here*

The person listed above is known to us as a homeless person and had been staying in our  
Shelter  
From: \_\_\_\_\_ To \_\_\_\_\_  
*Date Date*

x  
\_\_\_\_\_  
*Signature of Shelter Staff*

x  
\_\_\_\_\_  
*Title*

x  
\_\_\_\_\_  
*Date*

**This form must be printed on Shelter letterhead  
and signed and dated by Shelter staff.**