

## Third Party Verification

Information and Instructions: This form may be used to obtain third party verification of residency, and number in family. When using this form, please keep in mind that the program will only accept it, **if it is filled out and signed by the individual who is at least 18 years of age, and who is not a member of the applicant's household.** The person providing verification may only verify the items they have knowledge of, and must provide their address or phone number where they can be reached, and sign and date the form. Your attention and cooperation are appreciated.  
**This form must be notarized by a notary public.**

Residency – To the best of my knowledge, I can verify that the applicant/family resides at the following address/area (please name the road, street address or best description you can provide): If homeless, write homeless.

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\_\_\_\_ (Initial) I also verify that applicant/family has resided at this address for at least 20 days

\_\_\_\_ Homeless Declaration: I verify that this applicant/family is homeless and has been homeless in Thurston, Dakota for at least 20 days OR Woodbury County for at least the last 90 days.

If there are any questions regarding this verification, I may be contacted by telephone or by mail.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
3<sup>rd</sup> Party Printed Name

\_\_\_\_\_  
3<sup>rd</sup> Party Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\*\*\*\*\* NOTARY PUBLIC USE ONLY \*\*\*\*\*

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date